

CALIFORNIA AND WESTERN MEDICINE

Official Journal of the California Medical Association
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

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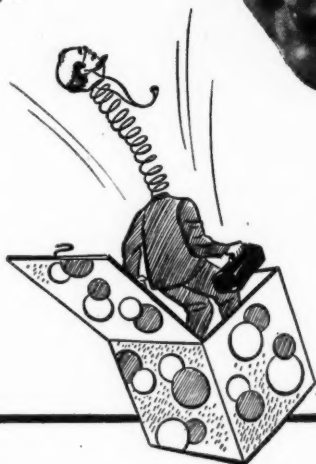
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**"FOR A GENT WHO'S
WORKING LIKE CRAZY—
MY DOCTOR
SURE KEEPS
HIS HEAD!"**



GOODNESS KNOWS, he's doin' the work of two or three doctors nowadays! No wonder he takes a *good* short cut when he sees it.

"He saw S-M-A—'cause he was *looking* for something that would help save him time from doing endless 'rithmetic about proportions of milk, carbohydrate, water for feeding formulas.

"And he began prescribing S-M-A—when he found out what an efficient time-saver it is. In just two minutes he was able to tell Mother how to mix and feed me my S-M-A* . . .


"But S-M-A pleases my Doctor most because he knows that in it he is prescribing an infant food that closely resembles breast milk in digestibility and nutritional completeness!"

"So now he's *always* bragging about me and his other S-M-A babies!

"And Mother says she can hardly believe what S-M-A has done for me *and* my disposition! Sure looks like—EVERYBODY'S happy if it's an S-M-A baby!"

**One S-M-A measuring cup powder to one ounce water.*

S-M-A is derived from tuberculin-tested cows' milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil, with milk sugar and potassium chloride added, altogether forming an anti-rachitic food. When diluted according to directions S-M-A is essentially similar to human milk in percentages of protein, fat, carbohydrate, ash, in chemical constants of fat and physical properties. A nutritional product of the S.M.A. Corporation, Division WYETH Incorporated, Philadelphia.

Everybody's **HAPPY IF IT'S AN**  **BABY!**

REG. U. S. PAT. OFF.

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Part I

Annual Session Program

Los Angeles, California, May 7-8, 1944
Seventy-third Annual Session

(For Index of Speakers, see Page 151)

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**SALUTATION
FROM PRESIDENT SCHAUPP**

*To Members of the California
Medical Association—*

Greetings:

It is needless to say that with our country at war all our major efforts must be directed toward its winning. Civilian activities, important as they may be, have to take second place to the war effort.

The medical profession has been called upon to provide men for the Armed Forces, and at the same time, to give adequate care to war workers and civilians. It is at this time that the efficiency and loyalty of the medical profession is bearing fruit, because of the years of free development of our system of medical service, yet unfortunately, at this very same time, the greatest attacks are being made upon it by those who wish to regiment the practice of medicine, and to destroy what we believe to be its efficiency.

It is important that we remain sane in our attitude toward the changed scene and lend our best efforts to directing the future development; so that the health of the citizenry is protected and that our system of medicine be not destroyed. To this end we must be constructive. We must offer methods of meeting the need which cannot be met by opposition alone.

Your officers and your Council have made, and will continue to make, every effort to be constructive, but all such efforts will be useless without the whole-hearted support and coöperation of all the individual members. As a matter of fact, they are your officers and your Council. It is your duty to direct them.

Cordially,

KARL L. SCHAUPP, M.D.,
President.



KARL L. SCHAUPP
President, California Medical Association
1944

**SEVENTY-SECOND ANNUAL SESSION
CALIFORNIA MEDICAL ASSOCIATION**



ALICE HAMILTON, Guest Speaker
Professor of Industrial Medicine
Harvard Medical School
Boston



LOWELL S. GOINS
President-Elect
Los Angeles

SECTION OFFICERS



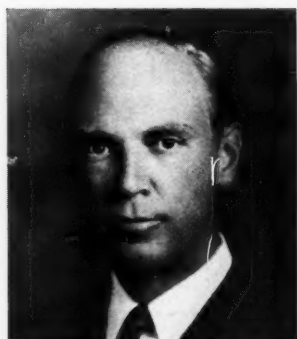
MAST WOLFSON
Chairman, General Medicine



J. NORTON NICHOLS
Chairman, General Surgery



PHILIP H. ARNOT
Chairman, Obstetrics and Gynecology



JOHN MARTIN ASKEY
Secretary, General Medicine



LEON GOLDMAN
Secretary, General Surgery



DANIEL G. MORTON
Secretary, Obstetrics and Gynecology



RICHARD O. SCHOFIELD
Chairman, Industrial Medicine
and Surgery



JOHN E. KIRKPATRICK
Secretary, Industrial Medicine
and Surgery



J. S. KASANIN
Chairman, Neuropsychiatry

SECTION OFFICERS



CLARENCE WILMOT OLSEN
Secretary, Neuropsychiatry



ARNO G. FOLTE
Chairman, Urology



PAUL A. FERRIER
Secretary, Urology



WILLIAM C. DEAMER
Chairman, Pediatrics



HOWARD R. COODER
Secretary, Pediatrics



ROY W. JOHNSON
Chairman, Radiology



EARL R. MILLER
Secretary, Radiology



GEORGE McCLURE
Chairman, Eye, Ear, Nose
and Throat



WALTER R. CRANE
Secretary, Eye, Ear, Nose
and Throat

SECTION OFFICERS



H. A. EDMONDSON
Chairman, Pathology and
Bacteriology



R. H. OSBORNE
Secretary, Pathology and
Bacteriology



EVELYN H. CASE
Chairman, Anesthesiology



C. EUGENE SCHUETZ
Secretary, Anesthesiology



IRVING R. BANCROFT
Chairman, Dermatology and
Syphilology



CHRIS R. HALLORAN
Secretary, Dermatology and
Syphilology



WILTON L. HALVERSON
Chairman, Public Health



GEORGE M. UHL
Secretary, Public Health

Part I

PROGRAM

SEVENTY-THIRD ANNUAL SESSION of the CALIFORNIA MEDICAL ASSOCIATION

TO BE HELD AT

THE BILTMORE HOTEL, LOS ANGELES

MAY 7-8, 1944

OFFICERS AND COMMITTEES, 1944

GENERAL OFFICERS*

KARL L. SCHAUPP, San Francisco, President
 LOWELL S. GOIN, Los Angeles, President-Elect
 WILLIAM R. MOLONY, SR., Los Angeles, Past President
 E. VINCENT ASKEY, Los Angeles, Speaker of House of Delegates
 P. K. GILMAN, San Francisco, Chairman of Council
 GEORGE H. KRESS, San Francisco, Secretary-Editor
 JOHN HUNTON, San Francisco, Executive Secretary
 HARTLEY F. PEART, San Francisco, General Counsel

I

MEMBERS OF HOUSE OF DELEGATES — 41st ANNUAL SESSION

TOTAL DELEGATES (187)
DELEGATES EX OFFICIO (21)

Karl L. Schaupp, San Francisco.....President
 Lowell S. Goin, Los Angeles.....President-Elect
 William R. Molony, Sr., Los Angeles.....Past President
 E. Vincent Askey, Los Angeles.....Speaker of House of Delegates
 L. A. Alesen, Los Angeles.....Vice-Speaker of House of Delegates
 George H. Kress, San Francisco.....Secretary-Treasurer-Editor
 Calvert L. Emmons, Ontario (1944).....Councillor 1st District
 Donald Cass, Los Angeles (1945).....Councillor 2nd District
 Harry E. Henderson, Santa Barbara (1946).....Councillor 3rd District
 Axcel E. Anderson, Fresno (1944).....Councillor 4th District
 R. Stanley Kneeshaw, San Jose (1945).....Councillor 5th District
 John W. Cline, San Francisco (1946).....Councillor 6th District
 Lloyd E. Kindall, Oakland (1944).....Councillor 7th District
 Frank A. MacDonald, Sacramento (1945).....Councillor 8th District
 John W. Green, Vallejo (1946).....Councillor 9th District
 Philip K. Gilman, San Francisco (1944).....Councillor-at-Large
 Sam J. McClendon, San Diego (1945).....Councillor-at-Large
 Edward B. Dewey, Pasadena (1946).....Councillor-at-Large
 E. Earl Moody, Los Angeles (1944).....Councillor-at-Large
 Edwin L. Bruck, San Francisco (1945).....Councillor-at-Large
 Dewey R. Powell, Stockton (1946).....Councillor-at-Large

ELECTED DELEGATES (166)

Delegates

Alternates

Alameda County (13)

Burton Adams	C. J. Attwood
Carl Bowen	S. H. Babington
Charles De Vaul	W. H. Baughman
Robert A. Glenn	J. D. Coate
Lester Lawrence	P. J. Dick
Theodore C. Lawson	Grant Ellis
Norman B. Leet	Ray Fisher
Donald D. Lum	E. D. Ivey
Clifford W. Mack	Marvin E. Kirk
George McClure	Edith M. Meyers
A. M. Meads	B. M. Palmer
John W. Sherrick	Henri Sheffoff
H. J. Templeton	Helen J. Snook

Butte-Glenn County (1)

Daniel H. Moulton	J. O. Chlapella
-------------------	-----------------

Contra Costa County (2)

Kaho Dally	L. A. Hedges
L. H. Fraser	S. N. Weil

Fresno County (3)

R. W. Dahlgren	K. D. Luechauer
E. C. Halley	L. G. Price
G. W. Walker	E. R. Scarboro

Humboldt County (1)

Joseph S. Woolford	Samuel P. Burre
--------------------	-----------------

* For Rosters of Councillors, Standing and Special Committees, and Officers of Component County Medical Societies, see in this issue, on advertising pages 2, 4 and 6. Full roster is omitted here, due to lack of space.

<i>Delegates</i>	<i>Alternates</i>	<i>Delegates</i>	<i>Alternates</i>
Imperial County (1)		Placer-Nevada-Sierra County (1)	
T. E. Bartholomew	Charles Brooks	William M. Miller	Max Dunlevitz
Inyo-Mono County (1)		Riverside County (2)	
Charles W. Anderson	Lloyd S. Bambauer	Bon O. Adams	W. K. Templeton
Kern County (2)		D. D. Roos	O. W. Wheeler
Frank J. Gundry	J. Headen Inman	Sacramento County (4)	
William H. Moore	Sophie M. Loven	Edward S. Babcock	George A. Briggs
Kings County (1)		Wayne S. Pollock	Herbert Burden
Lionel Sorenson	C. G. Newbecker	F. N. Scatena	Paul Guttman
Lassen-Plumas-Modoc County (1)		William J. Van Den Berg	Norris R. Jones
G. S. Martin	W. B. McKnight	San Benito County (1)	
Los Angeles County (59)		Eberle Sheldon	Roswell L. Hull
Elliot Alden	Harry E. Anderson	San Bernardino County (4)	
C. Max Anderson	Robert L. Belt	Walter S. Cherry	John L. Nevin
William Nance Anderson	Paul C. Blaisdell	Ray M. Moose	Emmett L. Tisinger
John Martin Askey	Peter H. Blong	Robert C. Nichols	Arthur E. Varden
Samuel Ayres, Jr.	Lewis P. Bolander	E. Wilton Thomas	Thomas I. Zirkle
Wilbur Bailey	Frank J. Breslin	San Diego County (7)	
Roger W. Barnes	John MacKenzie Brown	A. E. Blondin	Damon E. Corbin
Conrad J. Baumgartner	John A. Bullis	W. H. Geistweil, Jr.	E. M. MacKay
A. Elmer Belt	James E. Burns	A. E. Moore	L. H. Redellings
Alex A. Blatherwick	Ernest G. Butt	W. H. Newman	W. Don Rolph
William C. Boeck	William M. Byers	Bryant R. Simpson	R. H. Sundberg
Karl M. Bonoff	John Frye Chapman	John Thorpe Wells	H. C. Torbert
Howard W. Bosworth	Fred B. Clarke	Martha Welpton	Joseph Weinberger
K. C. Brandenburg	Finnis G. Cooper	San Francisco County (24)	
William H. Brownfield	John C. Cottrell	Walter Beckh	S. Frederick Boyle
Donald A. Charnock	Henry L. Davis	H. Glenn Bell	William A. Carroll
Lyle G. Craig	Kenneth S. Davis	Frederic C. Bost	Clarence B. Cowan
Jay J. Crane	Howard O. Dennis	Howard A. Brown	William C. Deamer
John W. Crossan	Robert C. Donham	Jesse L. Carr	Anthony B. Diepenbrock
Harold E. Crowe	James C. Doyle	L. R. Chandler	Leonard G. Dobson
Philip J. Cunnane	G. R. Dunlevy	Chester L. Cooley	Henry L. Gardner
William H. Daniel	Franklin Farman	Wilbur J. Cox	Kenneth D. Gardner
John B. Doyle	Paul A. Ferrier	Martin W. Debenham	Leon Goldman
B. R. Dysart	Lawrence K. Gundrum	G. Dan Delprat	Allen T. Hinman
Ralph B. Eusden	Paul M. Hamilton	Lloyd B. Dickey	Gertrude F. Jones
Alvin G. Foord	Arthur Fletcher Hall	Henry Gibbons, III	Charles W. Leach
Orrie E. Ghrist	Edward William Hayes	John M. Graves	Salvatore P. Lucia
William M. Gibbs	Lawrence M. Hill	Nelson J. Howard	Clayton G. Lyon
Joseph F. Griggs	Elizabeth Mason Hohl	Alson R. Kilgore	Mary E. Mathes
Roy W. Hammack	Ralph L. Kirsch	Frederick W. Kroll	Horace J. McCorkle
Eugene F. Hoffman	E. D. Kremers	Stanley H. Mentzer	Earl R. Miller
Carl R. Howson	Grant H. Lanphere	Charles A. Noble, Jr.	Miriam Miller
Newell Jones	Karl Lewis	George W. Pierce	Gunther W. Nagel
William H. Kiger	John P. Lordan	J. Marlon Read	Mary B. Olney
S. G. Kreinman	Hugh MacLean	Roland P. Seltz	James Ownby, Jr.
William P. Kroger	Angus C. McDonald	Sidney J. Shipman	Walter W. Port
T. J. Laughlin	Robert J. Moes	Daniel W. Sooy	Vance M. Strange
Louis E. Mahoney	Paul H. Moore	Robertson Ward	Helen B. Weyrauch
Harold K. Marshall	Seeley G. Mudd	San Joaquin County (3)	
H. G. McNeill	J. C. Negley	C. A. Broadus	Samuel Hanson
Carl L. Mulfinger	J. E. Neville	J. Frank Doughty	Albert K. Merchant
Thomas Chalmers Myers	Edward F. Nippert	Raymond L. Owens	Elmer Smith
Frank W. Otto	John P. Nuttall	San Luis Obispo County (1)	
Edward M. Pallette	William H. Olds	F. F. Ragsdale	Frederick R. Mugler
Edwin F. Patton	Carl H. Parker	San Mateo County (2)	
Paul A. Quaintance	Fenn E. Poole	Carl D. Benninghoven	Erma Macomber
Burrell O. Raulston	Edward N. Reed	Logan Gray	Robert F. Montelth
Louis J. Regan	Lester H. Rhymes	Santa Barbara County (3)	
E. T. Remmen	W. W. Schultz	Hugh F. Freidell	Harry C. DeVighne
Eric A. Royston	George S. Sharp	C. W. Henderson	William H. Johnston
Carl F. Rusche	LeRoy B. Sherry	Alfred B. Wilcox	Albert Q. Spaulding
Edward S. Ruth	Ralph T. Smith	Santa Clara County (5)	
Kenneth E. Smiley	Raymond W. Swinney	A. J. Balocchi	Edward A. Amaral
Philip Stephens	Roy E. Thomas	C. Kelly Canelo	Burt Davis
F. C. Swearingen	Harold Lincoln Thompson	Horace Jones	George Hall
Donald G. Tollefson	William Benbow Thompson	Deil T. Lundquist	Harry Hoag
Robert A. Walker	J. N. Van Meter	John Hunt Shephard	A. A. Shufelt
Howard F. West	George D. Wells	Santa Cruz County (1)	
Harry J. Wiley	Daniel L. Woods	A. J. Sambuck	A. A. Cowden
Marin County (1)		Shasta County (1)	
Rodney B. Hartman	Carl W. Clark	John E. Kirkpatrick	Guy Leslie Kay
Mendocino-Lake County (1)			
L. K. Van Allen	Edward Macklin		
Merced County (1)			
C. C. Fitz Gibbon	George B. Pimentel		
Monterey County (2)			
S. Condit Glasgow	John H. Gratiot		
J. B. McCarthy	Frank E. Wiebe		
Napa County (1)			
Dwight H. Murray	R. C. Burkett		
Orange County (3)			
John D. Ball	L. J. Hannon		
M. W. Hollingsworth	Ralph E. Hawes		
H. A. Johnston	B. J. Van Doren		

Delegates	Alternates
	Siakiyou County (1)
James B. McGuire	F. W. Martin
	Solano County (1)
H. Randall Madeley	Arvil E. Chappell
	Sonoma County (2)
William N. Makaroff	Kathleen G. Morris
Henry S. Rogers	D. C. Oakleaf
	Stanislaus County (2)
J. L. Azevedo	J. A. Cooper
F. R. DeLappe	Julian Edmond
	Tehama County (1)
A. H. Meuser	James L. Faulkner
	Tulare County (2)
Frank R. Guido	C. S. Ambrose
Karl Weiss	Frank Wiens
	Ventura County (2)
F. A. Shore	R. B. Armitstead
Artemus Strong	A. H. Stoll
	Yolo County (1)
W. J. Blevins, Jr.	L. A. Cronan
	Yuba-Sutter-Colusa County (1)
J. W. Lindstrum	P. Hoffman

HOUSE OF DELEGATES MEETINGS

41ST ANNUAL SESSION

The House of Delegates will convene in the Music Room (entrance from East-West Galeria) on Sunday, May 7, 1944 at 12:00 noon.*

Speaker, E. VINCENT ASKEY, Los Angeles

Vice-Speaker, L. A. ALESEN, Los Angeles

Secretary, GEORGE H. KRESS, San Francisco

AGENDA

FIRST MEETING

Sunday, May 7, 1944, at 12 o'clock, noon

Order of Business

1. Call to order.
2. Report of Committee on Credentials.
3. Roll call.
4. Announcement and approval of Reference Committees.†
 - (a) Committee on Credentials.
 - (b) Reference Committee on the Reports of Officers and Standing Committees (Reference Committee No. 1.)
 - (c) Reference Committee on the Report of the Council and the Report of the Secretary-Treasurer. (Reference Committee No. 2.)
 - (d) Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business. (Reference Committee No. 3.)

* In order to permit the House of Delegates to be called to order promptly, all delegates are requested to register with the Credentials Committee in the foyer section of the Music Room.

† Committees will be announced in programs to appear later.

Excerpt from the California Medical Association By-Laws: Chapter III, Section 6, Paragraphs (a) and (b). "Section 6 (a). Appointment of Committee on Credentials and three Reference Committees.

Prior to or at the beginning of an annual session, the Speaker of the House shall appoint from the members thereof the following committees:

1. Committee on Credentials.
2. Reference Committee on the Reports of Officers, Standing Committees.
3. Reference Committee on the Report of the Council Report of the Secretary-Treasurer, and Report of Executive Secretary.
4. Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business.
- (b) Membership of Credentials and Reference Committees.

5. President's address—Karl L. Schaupp.
- Reports:†
6. Report of the Council—Philip K. Gilman, Chairman.
7. Report of the Trustees of the California Medical Association—Philip K. Gilman, President.
8. Report of the Auditing Committee—John W. Cline, Chairman.
9. Report of the Secretary-Treasurer—George H. Kress.
- 9(a). Report of the Executive Secretary—John Hunton.
10. Report of the Editor, George H. Kress.
- 10(a). Reports of District Councillors and Councillors-at-large.
11. Recess.—(Note. At 3:00 P.M. the House of Delegates will recess; and elected and ex-officio members of the House will meet under the chairmanship of California Physicians' Service, to act as the Board of Administrative Members of California Physicians' Service. At the end of the C.P.S. meeting, the House of Delegates will again convene in its capacity as the House of Delegates of the California Medical Association.)
12. Report of General Counsel—Hartley F. Peart.
13. Reports of Standing and Special Committees:
 - A. Standing Committees.
 - Executive Committee—John W. Cline.
 - Committee on Associated Societies and Technical Groups—John V. Barrow.
 - Committee on Audits—John W. Cline.
 - Committee on Health and Public Instruction—John Ruddock.
 - Committee on History and Obituaries—Morton R. Gibbons, Sr.
 - Committee on Hospitals, Dispensaries, and Clinics—J. Norman O'Neill.
 - Committee on Industrial Practice—Donald Cass.
 - Committee on Medical Defense—Nelson J. Howard.
 - Committee on Medical Economics—Glen F. Cushman.
 - Committee on Medical Education and Medical Institutions—B. O. Raulston.
 - Committee on Membership and Organization—L. A. Alesen.
 - Committee on Postgraduate Activities—F. S. Clough.
 - Committee on Publications—George W. Walker.
 - Committee on Public Policy and Legislation—Dwight H. Murray.
 - Committee on Scientific Work (Annual Session)—George H. Kress.
 - Cancer Commission—Harold Brunn.
 - B. Special Committees.
 - Committee on Physicians' Benevolence—Axcel E. Anderson.
 - Committee on Industrial Fee Table—Hartley F. Peart, Esq.
 - Committee on Maternity-Pediatric Plan of Federal Children's Bureau—Karl L. Schaupp.
 - Special Liaison Committee of C.M.A.—John W. Cline.
 - Committee on Osteopathy in California—Philip K. Gilman.
 - Committee on Public Relations Survey—E. Vincent Askey.
 - Committee on Vocational Rehabilitation—J. B. Harris.

Each of the aforesaid committees shall consist of three members, the chairman of each to be designated by the Speaker.

The Speaker, the House concurring, shall refer said reports, resolutions, and business to the respective Reference Committees, but may allocate among them any of said reports, resolutions or portions thereof, and other business, to avoid duplication and to expedite the business of the House of Delegates.

The Reference Committee shall present written reports dealing with and making recommendations on all matters submitted to them. The report of each committee shall be read by its chairman first as a whole, and the House of Delegates shall then act and vote upon the report as a whole or section by section, as it may deem best."

† Reports of officers, standing and special committees appear in full text in the "Pre-Convention Bulletin."

Committee on Medical and Hospital Care for Low Income Bracket Groups—R. Stanley Kneeshaw.
Committee on Permanent Foundation Hospitals—Lloyd E. Kindall.

Committee on Postwar Plans of Medical Service and Social Security—Dewey R. Powell.
Committee on Public Relations Publicity—R. Stanley Kneeshaw.

Committee on Revision of A.M.A. Code of Ethics—Lowell S. Goin.

Committee on Postgraduate Courses for Military Members—Calvert L. Emmons.

14. Unfinished Business.
Proposed amendments to Constitution. (See Addendum which appears below.)
Proposed amendments include:

(a) *Proposed Amendment to Constitution No. 1*
(Concerning Annual Allocation of One Dollar from State Association Dues to C.M.A. Physicians' Benevolence Fund.)

15. Resolutions and New Business.

(NOTE: All resolutions must be in writing, in triplicate, and be handed to the Secretary of the House of Delegates at time of presentation.)

16. Approval of Minutes.

17. Adjournment of the First Meeting of the House.

SECOND MEETING

**Monday, May 8, at 1:00 p.m. In Music Room, off the East-West Galleria
Order of Business**

1. Call to order.
2. Supplemental Report of Credentials Committee.
3. Roll Call.
4. Secretary's announcement of Council's selection of place for the 1945 annual session.
5. Election of Officers:
 - (a) *President-Elect.*
 - (b) *Speaker.*
 - (c) *Vice-Speaker.*
- (d) *District Councilors**:*
First District—Calvert L. Emmons, Ontario (term expiring).
Fourth District—Axcel E. Anderson, Fresno (term expiring).
Seventh District—Lloyd E. Kindall, Oakland (term expiring).
- (e) *Councilors-at-Large:*
(Note.—Each vacancy among Councilors-at-Large, Delegates and Alternates is considered in turn. Each election item is for a specific vacancy.)
Philip K. Gilman, San Francisco (term expiring).
E. Earl Moody, Los Angeles (term expiring).

- (f) Delegates to the American Medical Association:

(A) For terms: January 1, 1945-December 31, 1946

Incumbents*

- (1) Edward N. Ewer, Oakland (term expiring).
- (2) William H. Kiger, Los Angeles (term expiring).
- (3) Robert A. Peers, Colfax (term expiring).
- (4) William R. Molony, Sr., Los Angeles (term expiring).

(B) Resignations (Unexpired Terms)

For terms: (To complete unexpired terms as indicated)

- (5) Lyell C. Kinney, San Diego (Resigned). Term to December 31, 1945.
- (6) Lowell S. Goin, Los Angeles (Resigned). Term to December 31, 1945.
- (7) Henry S. Rogers, Petaluma (Resigned). Term to December 31, 1945.
- (7A) Dwight L. Wilbur, San Francisco (Resigned). Term to December 31, 1945.

- (g) Alternates to the American Medical Association. (Each member elected is alternate to a specific delegate):

(A) For terms: January 1, 1934-December 31, 1946

Incumbents

- (8) Robert T. Legge, Berkeley. Alternate to Edward N. Ewer. (Term expiring.)
- (9) Donald G. Tollefson, Los Angeles. Alternate to William H. Kiger. (Term expiring).
- (10) Frederick N. Scatena, Sacramento. Alternate to Robert A. Peers. (Term expiring).
- (11) Ralph B. Eusden, Long Beach. Alternate to William R. Molony, Sr. (Term expiring).

(B) Resignations (Unexpired Terms)

For terms: (To complete unexpired terms as indicated)

- (12) Robert T. Legge, Berkeley. Alternate to Edward N. Ewer. (Resigned). Term to December 31, 1944.
- (13) Frederick N. Scatena, Sacramento. Alternate to Robert A. Peers. (Resigned). Term to December 31, 1944.
- (14) Ralph B. Eusden, Long Beach. Alternate to William R. Molony, Sr. (Resigned). Term to December 31, 1944.
- (15) Loren R. Chandler, San Francisco. Alternate to Dwight L. Wilbur. (Resigned). Term to December 31, 1945.
- (16) Robert S. Stone, San Francisco. Alternate to Henry S. Rogers. (Resigned). Term to December 31, 1945.
- (17) Donald G. Tollefson, Los Angeles. Alternate to William H. Kiger. (Resigned). Term to December 31, 1944.

6. Announcement and Approval of Members of Standing Committees Elected by the Council.

7. Report of Reference Committees:

- (a) Report of Conference Committee on "Reports of Officers and Standing Committees," (Reference Committee No. 1).
- (b) Report of Reference Committee on "Report of the Secretary-Treasurer, and Report of the Executive Secretary," (Reference Committee No. 2).
- (c) Report of Reference Committee on "Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business," (Reference Committee No. 3).

8. Unfinished Business.

9. Presentation of Officers:

President
President-Elect
Speaker
Vice-Speaker

10. Presentation of Certificate to Retiring President Karl L. Schaupp.

11. Approval of Minutes.

12. Adjournment.

E. VINCENT ASKEY, *Speaker*,
GEORGE H. KRESS, *Secretary*.

** Procedure for nomination of District Councilors is outlined in paragraph 3 of Article VII, Section 1, adopted on May 8, 1940:

The nine district Councilors shall be elected as follows:

Prior to the time set for election of district Councilors, the delegates of each Councilor district for which a councilorship is about to become vacant, shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy.

The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election.

A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee.

If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district, concerned, then said delegates must immediately thereafter submit an additional nominee or nominees and the House shall proceed to vote thereon; if there is but one nominee, the House may elect or reject.

If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship.

All nominees for district councilorships must be members in good standing, residing within the district in which the vacancy exists.

* Delegates are elected for two calendar years. Terms of Delegates elected for 1943-1944 expire on December 31, 1944, and so on. Delegates for calendar years 1945-1946 will be elected at the C.M.A. Annual Session in May, 1944. Resignations are for unexpired terms.

SCIENTIFIC ASSEMBLY—GENERAL AND SECTION MEETINGS

II

GENERAL MEETINGS

For index of speakers, see page 151

All General Meetings will be held in the Ball Room (at the south end of the North-South Galeria)

Section Meetings (with exception of E. E. N. and T.) will be held in Conference Rooms (near Grand Avenue entrance of East-West Galeria; use stairway to mezzanine floor).

First General Meeting

Sunday Morning, May 7, 1944, at 9:00 a. m.

Presiding

William R. Molony, Sr., *Past President*
Karl L. Schaupp, *President*

(1)

Invocation—Reverend Solanus Crowley, O.F.M.

(2)

Address of Welcome—L. A. Alesen, M.D., President of the Los Angeles County Medical Association.

(3)

Greetings from the Woman's Auxiliary—Mrs. C. C. Landis, President of the Woman's Auxiliary to the California Medical Association.

(4)

Address of President—Karl L. Schaupp, M.D., San Francisco, President of the California Medical Association.

(5)

Progress of the Program of Procurement and Assignment Service for Physicians in California—Harold A. Fletcher, M.D., San Francisco, Chairman, and Edward M. Pallette, M.D., Los Angeles, Vice-Chairman.

(6)

New Problems in the Field of the Industrial Toxicologist—Alice Hamilton, M.D., Professor of Industrial Medicine, Harvard University Medical School, Boston, Massachusetts.

The replacement of old, familiar industrial poisons by new and unfamiliar ones; the return of discarded toxic materials to renewed use; the employment on a large scale of rare and little known metals and volatile organic compounds; all these changes bring new problems to the industrial physician, and all are greatly increased by the change from peace-time to war-time production.

(7)

Aviation Medicine, A Specialty in War and Peace—Brig. Gen. Charles R. Glenn (M.C.), Surgeon, Army Air Forces Western Flying Training Command, Ft. Worth, Texas.

This paper will give a short history of the development of Aviation Medicine from its start at the time of the First World War, and will deal with the development of the School of Aviation Medicine as it has been developed in the Army as one of the chief Medical Service Schools. It will cover the particular problems which are special to aviation, particularly those concerned with the effects of anoxia, with oxygen equipment, and will also pay particular attention to the psychological problems which are peculiar to flying personnel. The physical standards for flying will be described, with the reasons for particular restrictions.

Second General Meeting

Sunday Afternoon, May 7, 1944, at 1:30 p. m.

Presiding: Karl L. Schaupp, President;

J. Norton Nichols, Chairman, Section on Surgery

SYMPOSIUM ON AMPUTATIONS

(8)

Organization and Operation of an Amputation Center—Captain J. P. Owen (MC), USN, Medical Officer in Command, U. S. Naval Hospital, Mare Island.

Patients are evacuated from combat areas and from other Naval hospitals to the Amputation Center for revision and after care. Suitable prosthesis in each case is constructed and the amputee is trained in the use of this appliance.

During the time of conditioning the patient, vocational advisement and training prepare the amputee for suitable employment.

(9)

Surgical Problems in an Amputation Center—Captain J. M. Greer (MC), USNR, Chief of Surgery, U. S. Naval Hospital, Mare Island.

The major surgical problem in an Amputation Center is wound healing. Complications which delay wound healing are, infection, avitaminosis, circulatory disturbances, etc. Operational and general methods are discussed and presented.

Intercurrent diseases also have to be considered in an Amputation Center, such as, appendicitis, kidney stone, arteriovenous aneurism, etc.

(10)

Amputations of the Hand and Fingers—Lt. Comdr. G. B. O'Connor (MC), USNR, U. S. Naval Hospital, Mare Island.

The problem of fingers and hand amputations is discussed from the point of view of:

1. Immediate management.
2. Treatment of complications.
3. Special plastic procedures that are employed in combating individual defects.

(11)

Amputations of the Upper Extremities—Captain H. H. Kessler (MC), USNR, U. S. Naval Hospital, Mare Island.

In designing a prosthesis for the arm amputee, an analysis must be made of his total personality, his background, and further vocational needs. Many amputees can get along without prosthesis. Others, whose work demands are heavy, will require a mechanical or work arm with hook appliances. Still others in varied mechanical or sedentary trades will benefit from the use of a cineplastic type of prosthesis, or Krukenberg operation.

(12)

Amputations of the Lower Extremities—Comdr. D. D. Toffelmier (MC), USNR, U. S. Naval Hospital, Mare Island.

The surgical management of guillotine amputations of the lower extremities includes the promotion of healing by means of traction and the revision of the stump in an attempt to produce one of the four standard types of amputations:

1. Symes.
2. Below the knee.
3. Gritti-Stokes.
4. Thigh-Junction of middle and lower thirds.

The after care includes the conditioning of the stump and the application of a specially fitted plastic leg.

Each of these presentations will be illustrated by a 16 mm. moving picture film.



Third General Meeting

Monday Morning, May 8, 1944, at 9:00 a. m.

Presiding: Karl L. Schaupp, President;
Mast Wolfson, Chairman, Section on Medicine

(13)

The Exfoliation of Cells in Uterine Cancer. Its Importance in Diagnosis—Herbert F. Traut, M. D., University of California Hospital, San Francisco.

It has been discovered that malignant lesions of the cervix, endocervix, and fundus uteri shed their superficial cells in a more or less constant manner even in the very early lesions. The posterior vagina constitutes a receptacle in which exfoliated cells accumulate and become mixed with mucous so that when aspirated and spread on a glass slide they may be stained. After experience one can learn to distinguish these malignant cells not only as to malignancy but as to the type of cell from which they arose. Inasmuch as very early lesions can thus be revealed the method may prove to be of considerable importance in bringing patients to treatment early in the course of their disease.

(14)

Practical Aspects of Tropical Medicine in America—Thomas B. Dunn, M. D., 1624 Franklin Street, Oakland.

There seems to be a great fear of spread of tropical diseases in this country. I shall try and point out in my paper that the problem does not lie in prevention, but rather in all clinicians being sufficiently informed to be able to recognize tropical disease in the men returning.

(15)

Diagnosis of Industrial Poisoning—Alice Hamilton, M.D., Harvard Medical School, Boston, Massachusetts (Guest Speaker).

The diagnosis of industrial disease presents difficulties which do not enter into the diagnosis of non-industrial disease because inevitably legal and financial elements enter in to complicate the problem. Yet correct diagnosis is of special importance, since a mistake may permit the patient to return to his former work, with disastrous consequences. The most important detail in diagnosis is the occupational history.

(16)

Carbon Tetrachloride Poisoning—Comdr. B. E. Konwaler (MC), USNR, U. S. Naval Hospital, Mare Island.

The dangers of exposure to carbon tetrachloride are presented. Carbon tetrachloride is a potent renal poison. In severe cases, acute toxic nephrosis with uremia may result. Hepatitis is also found but is not marked. Alcohol ingestion, prior to exposure, plays a synergistic rôle. Three cases, illustrating three grades of severity of intoxication from carbon tetrachloride, are presented. The necropsy findings of a fatal case are described and discussed.

(Five Minute Recess)

Clinical-Pathological Conference

(Note. Copies of the synopses of case reports to be considered will be distributed. It is hoped the Clinical-Pathological Conference can begin about 11:00 a.m.)

(17)

Clinical Pathological Conference—Alvin Foord, M. D., 100 Congress Street, Pasadena, and William Dock, M. D., University of Southern California Medical School, Los Angeles.

III

PROGRAM: BY DAYS

Special programs, to be distributed at Los Angeles, will give additional information. For meeting room assignments, see bulletin boards, (adjacent to Registration Desk).

First Day: Sunday, May 7, 1944

- 8:30 a.m. to 5:00 p.m.—Registration (*Galeria — South End*).
- 9:00 a.m.—First General Session (*Ball Room*).
- 9:00 a.m. to 11:30 noon—Military and Medical Films (*Music Room*).
- 12:00 noon—First Meeting of House of Delegates (*Music Room*).
- 2:00 p.m.—Second General Session (*Ball Room*).
- 7:00 p.m.—Dinner to the President (*Biltmore Bowl*).

Second Day: Monday, May 8, 1944

- 8:30 a.m. to 5:00 p.m.—Registration (*Galeria — South End*).
- 9:00 a.m.—Third General Session (*Ball Room*).
- 9:00 a.m. to 12:00 noon—Military and Medical Films (*Music Room*).
- 1:00 p.m.—Second Meeting of House of Delegates (*Music Room*).
- 2:00 p.m.—Section Meetings (*Conference Rooms via North Galeria*).

C.M.A. Council will hold its first meeting on Saturday, May 6, 1944, and will meet on Sunday and Monday.

Film exhibits may be given on Sunday-Monday mornings (in Music Room).

For announcements of affiliated organizations and other notices, consult bulletin boards at registration desks. (For programs in this issue, see page 152.)

IV SECTION MEETINGS

For index of speakers, see page 151

SCIENTIFIC SECTION PROGRAMS

(Numbers in parenthesis after each section indicate sequence reference numbers of papers read in each section.)

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REGISTRATION INFORMATION

1. Registration and Information. Registration and information desks are located in the North-South Galeria, adjacent to the ramp auto entrance. All members, guests and visitors are requested to register immediately on arrival. Registration secretaries will be on duty from 8:30 a.m. to 5 p.m.

2. Annual Session Program. Copies of complete session proceedings, showing times and places of all meetings, are available at the registration desk.

3. Military Films. Military and other films will be on display in the Music Room (off East-West Galeria) on Sunday and Monday mornings. Display limited to members and their guests. Your badge will serve as a ticket of admission.

4. Suggestions and Criticisms. Members are invited to present suggestions and criticisms to the officers and committees through the registration desk. These suggestions may be made to refer to either this session or future annual sessions and will be given full consideration by those concerned.

5. Rules Regarding Papers and Discussions at Annual Sessions. Section Officers, Essayists, and members taking part in discussions are requested to read the rules adopted by the C.M.A. Council and the C.M.A. Committee on Scientific Work, relating to papers and discussions. These will appear in the pocket programs, to be distributed at the Registration Desk. Proper and impersonal observance of these rules by all concerned, will make for more successful meetings.

6. Whom to Consult for Special Information. The following activities are under the supervision of Dr. Kress, Association Secretary and Chairman of the Committee on Scientific Program:

- (a) General Meetings Programs
- (b) Section Meeting Programs
- (c) Equipment of Meeting Rooms
- (d) Military Films

Dr. Kress' desk is located in the "East-West Galeria," near the elevators. (North-South or Main Galeria extends from 5th Street to the Auto Ramp.)

Registration Desks are under the supervision of the Executive Secretary, Mr. Hunton. Mr. Hunton's desk is at the registration table.

7. Pre-Convention Bulletin. Annual reports of officers, councilors and committees appear in the April issue of CALIFORNIA AND WESTERN MEDICINE. Additional copies of these reports will be made available to delegates and alternates for their study either at the registration desk or at the first meeting of the House of Delegates.

8. Badges. Badges will be issued at the registration desk. Separate types of badges will be issued for members, delegates, alternates, officers, exhibitors, and section officers. Please request the proper type of badge on registering.

9. Tickets for "Dinner to the President." For information, see under Entertainment. Tickets will be on sale at Registration Desk. Special reservations available for parties of eight or more. "Tables Reserved" must not be occupied by others.

10. Woman's Auxiliary. Headquarters for the Auxiliary will be listed on bulletin board. Registration Desk also available for information.

11. Guests and Visitors. All guests and visitors are requested to register and to secure a badge and program. All general meetings and scientific meetings are open to visitors and guests so registered. There is no charge for registration.

12. Bulletin Boards. Consult bulletin boards in the Galeria for announcements of special events. A diagram of meeting places of scientific sections will also be found on these bulletin boards.

13. Scientific, Military and Technical Exhibits. Because this year's Annual Session is a two- instead of a four-day session, it has been deemed advisable not to display exhibits.

14. Business Meetings of Scientific Sections. For convenience in make-up of Section programs, the business meeting of each Section is scheduled to follow the second paper on a Section program (at a time when there is a good average attendance). However, each Section can change the time for its organization meeting and election of officers for the succeeding year, in accordance with the wishes of the Section members. (So also, as regards sequence of addresses.)



I

GENERAL MEDICINE SECTION

Meeting Room: Foyer to Banquet Room, off East-West Galeria, adjacent to Auto Ramp

MAST WOLFSON, M. D., *Chairman*
215 Franklin Street, Monterey

JOHN MARTIN ASKEY, M. D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

SALVATORE PABLO LUCIA, M. D., *Assistant Secretary*
2898 Broadway, San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 18:

Chairman's Address—Open Sesame!—Mast Wolfson,
M. D., 215 Franklin Street, Monterey.

Ways and means to instill the most into our medical arts. An attempt to enhance our status of present imperfect to future perfect.

Paper No. 19:

Coccidioidomycosis in the Western Flying Training Command—Lt. Col. Russel V. Lee, (MC) AAF Regional Station Hospital, Santa Ana Army Air Base, Santa Ana.

This paper will tell of the very extensive testing program which has been in operation in the Western Flying Training Command, will show what the endemic area in Southwestern United States is, as determined by the results of this testing, will give a brief account of the clinical forms that are encountered, particularly with the deaths that have occurred, and the pathological findings on this. Certain conclusions as to the management in the light of these experiments will be made.



Business Recess

Business Meeting and Election of Officers

Paper No. 20:

Present Status of the Management of Relapses in South Sea Malaria—Lt. Colonel Garnett Cheney, M.C., and Captain William L. Noe, Hammond General Hospital, Modesto.

A greater distinction must be drawn between the alleviation of an acute attack of malaria and the prevention of relapses. The incidence of relapses depends on unknown factors of host immunity and of parasite pathogenicity. The natural history of relapsing malaria will be discussed as well as the relation to relapses of various forms of treatments.

Paper No. 21:

Experimental Studies on the Treatment of Burn Shock—Myron Prinzmetal, M.D., and H. C. Bergman, Ph.D., Research Laboratory, Cedars of Lebanon Hospital, Los Angeles.

A new method is presented for evaluating therapeutic agents in burn shock. A new fraction of liver extract has been found to have significant anti-burn activity. Liver treatment saves approximately 37% of the animals which would otherwise die. The therapeutic activity has also been evaluated for sodium salts, serum, adreno-cortical hormones, thiamin, ascorbic acid, nupercaine, and post-traumatic serum.

Paper No. 22:

Filariasis—Lt. Cmdr. Robert W. Huntington, Jr., M.C., U.S.N.R., U. S. Naval Hospital, Corona, California.

The features of the clinical syndrome identified as early filariasis are discussed, together with the basis for this identification.



II

GENERAL SURGERY SECTION

Meeting Room: Banquet Room, South End of East-West Galeria, adjacent to Auto Ramp

J. NORTON NICHOLS, M.D., *Chairman*
1930 Wilshire Boulevard, Los Angeles

LEON GOLDMAN, M.D., *Secretary*
University of California Hospital, San Francisco

EUGENE J. JOERGENSEN, M.D., *Assistant Secretary*
1200 North State Street, Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 23:

Chairman's Address—The Surgical Treatment of Lesions at the Ampulla of Vater—J. Norton Nichols, M.D., 1930 Wilshire Boulevard, Los Angeles.

A report of four cases of obstruction at the ampulla of Vater from causes other than stone, two cases of carcinoma are included for which radical resection of the duodenum and pancreas were performed and a new modification of the Whipple operation is presented.

Paper No. 24:

War Casualties from Prolonged Exposure to Wet and Cold—Lt. Col. Russel H. Patterson, (MC), Chief of Surgical Branch, Letterman General Hospital, San Francisco.

A summary of experiences in the treatment of 232 casualties from prolonged exposure to wet and cold which have been received at the Letterman General Hospital. Comments on pathological physiology, including cases with gangrene, gas infection and peripheral nerve and vascular damage.

Discussion by M. Laurence Montgomery, M.D., San Francisco.



Business Recess

Business Meeting and Election of Officers

Paper No. 25:

Common Mistakes Made in the Treatment of Injuries of the Hand—Captain G. T. Aitken, (MC), Letterman General Hospital, San Francisco.

Errors in the early treatment of acute hand injuries often seriously complicate reconstructive surgery. Functional hand anatomy is reviewed briefly. The more common errors are illustrated and an outline of adequate therapy is presented. The study based on hand casualties from Pacific War Theatre.

Discussion by John E. Kirkpatrick, M.D., Shasta Dam; Harry M. Blackfield, M.D., San Francisco, and Frederic C. Bost, M.D., San Francisco.

Paper No. 26:

Carcinoma of the Rectum—William H. Daniel, M.D., 1930 Wilshire Boulevard, Los Angeles.

A general review of the essential points of carcinoma of the rectum. Comparative results of the major procedures such as abdominoperineal resections, colostomy and perineal resection, etc. A discussion of operability, metastases—fatal and non-fatal complications, pre-operative and post-operative care.

Discussion by James W. Morgan, M.D., San Francisco.

Paper No. 27:

Gunshot Wounds of the Abdomen—C. E. Stafford, M.D., and M. L. Smith, M.D., Department of Surgery, College of Medical Evangelists, Los Angeles.

Abdominal gunshot wound cases admitted to the Los Angeles County General Hospital during a five year period, 1939-1943, have been studied. Special emphasis is placed on the results of modern trends in treatment such as blood and plasma transfusions and chemotherapy.

Discussion by R. W. Kraft, M.D., Pasadena, and Wallace Dodge, M.D., Los Angeles.

Paper No. 28:

Birth Conditions Amenable to Surgical Treatment—William T. Grant, M.D., 1136 West Sixth Street, Los Angeles.

The first consideration in cases of meningocele and encephalocele is to decide whether or not surgical measures are likely to be of help. Hydrocephalus presents a similar problem. It is proposed to outline the criteria by which such decisions are made and illustrate the principles of surgical treatment.

Discussion by George H. Patterson, M.D., Los Angeles.

III

OBSTETRICS AND GYNECOLOGY SECTION

Meeting Room: Conference Room No. 1, on
Mezzanine Floor, off North Galeria

PHILIP H. ARNOT, M.D., *Chairman*
490 Post Street, San Francisco

ROY E. FALLAS, M.D., *Vice-Chairman*
1930 Wilshire Boulevard, Los Angeles

DANIEL G. MORTON, M.D., *Secretary*
University of California Hospital, San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 29:

The Antepartum Use of the Sulfonamides—Samuel Martins, M.D., 825 S. Alvarado Street, Los Angeles, and Jennie M. Howell, M.D., Los Angeles County Hospital, Los Angeles.

A statistical study of the results of sulfonamide therapy used in various complications of pregnancy at the Los Angeles County Hospital. The effects of the drugs on the disease, course of the pregnancy and on the baby are discussed.

Discussion by Bernard J. Hanley, M.D., Los Angeles.

Paper No. 30:

Extra-uterine Pregnancy—Stanley Dougan, M.D., 909 Medico-Dental Building, San Jose.

A review of the surgical cases of extra-uterine pregnancy occurring in two San Jose hospitals. Special reference is made to etiology and diagnosis. One interesting case of ovarian pregnancy is presented.

Discussion by Charles Duval, M.D., San Jose.

Paper No. 31:

Chairman's Address—Placenta Previa—Experiences in Private Practice—Philip H. Arnot, M.D., 490 Post Street, San Francisco.

This paper is based on the author's experience with placenta previa in private and consultation practice. Results are given and the various methods of treatment are discussed.



Business Recess

Business Meeting and Election of Officers

Paper No. 32:

The Use of Kielland Forceps—A. M. McCausland, M.D., 3780 Wilshire Boulevard, Los Angeles.

At the Margaret Hague Maternity Hospital, in a total of 37,422 deliveries, Kielland forceps were employed 861 times. This paper deals with an analysis of these deliveries, including indications for their use, parturient and postpartum complications. Emphasis is placed on the mechanism of labor to be expected in the android type of pelvis and the safest way of handling complications in both vertex and breech presentations.

Discussions by E. W. Cartwright, M.D., Pasadena, and William Benbow Thompson, M.D., Los Angeles.

Paper No. 33:

Single Caudal Block in Obstetrics for Analgesia and Delivery—Hildegard Wilkinson, M.D., Los Angeles

County Hospital, and Charles M. Malone, M.D., Los Angeles County Hospital, Los Angeles.

This paper is a résumé of caudal block as it has been used at the Los Angeles County Hospital in approximately 1500 cases. Technique, complications, indications, and contra-indications are stressed. Repeated single caudal blocks for analgesia and delivery are discussed.

Discussion by George Harris, M.D., Los Angeles, and Raymond McBurney, M.D., Los Angeles.



IV

EYE, EAR, NOSE, AND THROAT SECTION

Meeting Room: Suite 333 (Tentative).
See Bulletin Board

GEORGE MCCLURE, M.D., *Chairman*
411 Thirtieth Street, Oakland

LEWIS F. MORRISON, M.D., *Vice-Chairman*
490 Post Street, San Francisco

WALTER R. CRANE, M.D., *Secretary*
1026 Roosevelt Building, Los Angeles

Section Aides:

JOHN H. HOOVAL, M.D., Ontario
EUGENE L. CHRISTENSEN, M.D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 34:

Chairman's Address—Observations of Chemotherapy as Applied to Otolaryngology and Ophthalmology—George McClure, M.D., 411 Thirtieth Street, Oakland.

A personal observation of Chemotherapy including penicillin as applied to ordinary eye, ear, nose and throat cases. Some conclusions are deducted on its application to more specific cases from personal experience. It also includes the misuse of chemotherapy in Otolaryngology as applied by the general practitioner and pediatrician.

Short case reviews are given to demonstrate the writer's conclusions. Two interesting cases are given with reference to penicillin therapy.

Paper No. 35:

Angioneurotic Edema of Larynx. Case Reports—Phil W. Shumaker, M.D., 9730 Wilshire Boulevard, Beverly Hills.

A typical case with repeated attacks to various foods is presented in detail. Patient seen in original attack after he had been bronchoscoped for a supposed foreign body in the airway.

Similar cases from variety of allergens are described from personal experience.

Paper No. 36:

Traumatic Perforations of the Tympanic Membrane—Ben K. Parks, M.D., 605 Professional Building, Long Beach.

The current war period with many industrial accidents and combat casualties makes this type of injury a rather timely subject for discussion. This paper deals with classification, treatment, and first

aid care of such injuries. A case report dealing with traumatic puncture of tympanic membrane with subsequent labyrinthitis, Meningitis and death will be briefly reviewed.

Discussion by Lt. Cmdr. Russell Fletcher, (M.C.), USNR, Naval Dispensary, Long Beach, and Ben R. Dysart, M.D., Pasadena.



Business Recess

Business Meeting and Election of Officers

Paper No. 37:

Medical and Biological Consideration in Ophthalmology—Clarence H. Albaugh, M.D., 727 West Seventh Street, Los Angeles.

"Pure" science is not far separate from every day clinical practice. It needs only interpretation to make it applicable and useful. Herewith will be discussed practical considerations in Ophthalmology of:

1. Biological time.
2. Constitutional adequacy.
3. The newer psycho-physiology.
4. Structural adaptation.

Discussion A. Ray Irvine, M.D., Los Angeles.

Paper No. 38:

Office Procedures in Ophthalmic Geriatrics—Dennis V. Smith, M.D., 110 Pine Avenue, Long Beach.

With the great increase in life expectancy, the eye physician is finding more elderly people with chronic ills among his patients.

Some suggestions are offered as to methods of meeting the problem they create and of dispelling the fear of blindness so often present.

Discussion by Dean C. Hartman, M.D., Los Angeles.

Paper No. 39:

Bacteriology of the Eye—Frank H. Rodin, M.D., 490 Post Street, San Francisco.

The bacteriology of the human eye has been studied in the East and in the Middle West, but no such study has been undertaken on the Pacific Coast. This is a report of the bacteriological study of a group of normal eyes and eyes with conjunctivitis.

The value of a bacteriological study of the conjunctive previous to a cataract extraction is discussed.

Discussion by M. N. Beigelman, M.D., Los Angeles.



V

ANESTHESIOLOGY SECTION

Meeting Room: Conference Room No. 6, on Mezzanine Floor, off North Galeria

EVELYN H. CASE, M.D., *Chairman*
374 Thirty-fourth Street, Oakland

C. EUGENE SCHUETZ, M.D., *Secretary*
6253 Hollywood Boulevard, Hollywood

Monday, May 8, 1:30 p.m.

Paper No. 40:

Chairman's Address—The Effect of Various Surgical

Positions on Vital Capacity—Evelyn H. Case, M.D., 374 Thirty-fourth Street, Oakland.

Vital capacity, in various positions used in Surgery, was measured in young, middle-aged and elderly adults. Results are discussed.

Paper No. 41:

Anesthesia in Children with Emphasis on Endotracheal Method—Isabel DeY. Brown, M.D., 9000 Eighth Avenue, Inglewood.

This paper will cover points in anesthesia which differ in adults and children. Pre-medication, choice of anesthetic with a brief discussion of anesthetic agents in general. The chief topic will be indications and technique of the endotracheal method.

Discussion by Dorothy A. Wood, M.D., San Mateo.

Paper No. 42:

Anesthesia in Oral Surgery—William W. Hutchinson, M.D., 724 South Orange Drive, Los Angeles.

A short review of the literature dealing with this subject. The writer's personal experience with various types of anesthesia and his conclusions as to their advantages and disadvantages.

Discussion by John Dunlop, M.D., Los Angeles.



Business Recess

Business Meeting and Election of Officers

Paper No. 43:

Loose Ends—Arthur E. Guedel, M.D., 1633 Wellington Road, Los Angeles.

Mentioning some things we need to know, unfinished and unsolved problems which are impeding progress in anesthesia.

Paper No. 44:

Caudal Analgesia and Anesthesia in Obstetrics—Glenn J. Potter, M.D., 1332 South Hope Street, Los Angeles.

Development of caudal anesthesia. Alterations in the physiology of the mother caused by caudal anesthesia; and how these alterations are made use of to aid difficult deliveries. Indications and contraindications. Technique of continuous caudal anesthesia with special emphasis on correct placement of the caudal needle. Dangers, and ways of avoiding them.

Discussion by Charles Betlach, M.D., Santa Barbara.

Paper No. 45:

Anesthetic Values in Thoracic Surgery—Lawrence D. Lee, M.D., 6253 Hollywood Boulevard, Los Angeles.

Requirements and present means of fulfilling them. Depth necessary to control reflexes is reviewed. Likely difficulties and complications, together with an evaluation of available agents and methods in controlling them are considered. A series of 125 cases is presented.

Discussion by John C. Jones, M.D., Los Angeles (by invitation).

Paper No. 46:

Anesthesia in a Naval Hospital—Lieut. John E. Skewis, (MC), USNR, U. S. Naval Hospital, Corona.

A comparison is made between the anesthesia problems in a service hospital and those in a civilian hospital. Oxygen therapy with a description of oxygen therapy equipment. Pentathol as an anesthetic agent for the traumatic emergency. Pre-anesthetic medication in traumatic emergencies. Use of pentathol plus nitrous oxide and oxygen for orthopedic and plastic work.



VI

DERMATOLOGY AND SYPHILOLOGY SECTION

Meeting Room: Conference Room No. 4, on Mezzanine Floor, off North Galeria

IRVING R. BANCROFT, M.D., *Chairman*
3400 San Marino Street, Los Angeles

JOHN FANNING, M.D., *Vice-Chairman*
1127 Eleventh Street, Sacramento

CHRIS R. HALLORAN, M.D., *Secretary*
1052 West Sixth Street, Los Angeles

Section Aides:

SAUL S. ROBINSON, M.D., Los Angeles
HARRY P. JACOBSON, M.D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 47:

Chairman's Address—Hormones and the Skin—Irving R. Bancroft, M.D., 3400 San Marino Street, Los Angeles.

The skin is particularly susceptible to hormone control. At puberty it becomes more acid, has an increased blood supply and increases in thickness. After menopause in women and much later in men, it atrophies, becomes less elastic, has a diminished blood supply and more pigment.

Paper No. 48:

Some Phases of Vitamin Therapy in Dermatology—Maximilian E. Obermayer, 1930 Wilshire Boulevard, Los Angeles, and Kendal Frost, 1930 Wilshire Boulevard, Los Angeles.

The peculiarities of vitamin therapy in dermatology are discussed. On the basis of their own experiences and the published reports of others, the authors evaluate the influence of the administration of vitamins on conditions other than the established vitamin deficiencies; namely: the allergic state in relation to miscellaneous inflammatory dermatoses; disorders characterized by excessive keratinization of epithelial tissues (asteatosis, calluses, corns, keratodermas, the follicular keratoses, acne vulgaris); and cheilosis. Two cases are reported.

Discussion by Charles J. Lunsford, M.D., Oakland, and William H. Goeckerman, M.D., Los Angeles.

Paper No. 49:

Dermatology in a Station Hospital in Southern California—Captain Ervin Epstein, M.C., A.U.S., Station Hospital, Camp Callan, San Diego.

A study of 1,280 patients seen with cutaneous complaints in an Army hospital and a statistical comparison with a like number of patients seen in private practice. The comparatively limited material in

the Army, i.e., young, healthy men living under outdoor conditions in comparatively crowded quarters, is reflected in the statistics. The more common dermatoses are considered separately. A short discussion of the problems encountered by the civilian dermatologist on entering the Army is included.

Discussion by Samuel Ayers, Jr., M.D., Los Angeles, and William Mulvehill, M.D., Beverly Hills.



Business Recess

Business Meeting and Election of Officers

Paper No. 50:

The Problem of Syphilis as Handled in the United States Navy—Lt. Cmdr. Hiram D. Newton, MC, U.S.N., U. S. Naval Hospital, Long Beach.

Fighting men acquire syphilis with the same frequency as others of the same age. Educational campaigns help teach them to avoid syphilis and to report it early. Frequent inspections assist in early diagnosis. Therefore, much treatment is started in the sero-negative primary stage. Better patient control makes uninterrupted treatment and follow-up possible.

Discussion by C. Russell Anderson, M.D., Los Angeles, and Catherine MachEachern, M.D., Los Angeles.

Paper No. 51:

Some Industrial Dermatoses Encountered in War Industries—Hiram E. Miller, 384 Post Street, San Francisco, and Rees B. Rees, 384 Post Street, San Francisco.

1,459 patients from industrial plants were examined in routine dermatological office practice from 1941 through 1943. 579 of the 1,459 cases reviewed were from war industries, and 206 were judged to be occupational. The review does not represent a true cross-section of such dermatoses in the San Francisco area.

Discussion by A. Fletcher Hall, Jr., M.D., Santa Monica, and George F. Koetter, M.D., Los Angeles.

Paper No. 52:

Norwegian Scabies—Nelson Paul Anderson, M.D., 2007 Wilshire Boulevard, Los Angeles, and Capt. O. Milton Stout, M.C., U.S.A.

This communication deals with a rare and infrequently diagnosed type of scabies. The clinical features of the reported cases are reviewed briefly. The differential diagnosis of this disease from conditions which it simulates is given. There is a brief review of the literature, and effective therapy outlined. Illustrated with colored lantern slides.

Discussion by Harry J. Templeton, M.D., Oakland, and Anker K. Jensen, M.D., Los Angeles.



VII

INDUSTRIAL MEDICINE AND SURGERY SECTION

Meeting Room: Conference Room No. 7, on Mezzanine Floor, off North Galeria

RICHARD O. SCHOFIELD, M.D., *Chairman*
1027 Tenth Street, Sacramento

FLOYD F. THURBER, M.D., *Vice-Chairman*
6065 Hollywood Boulevard, Los Angeles

JOHN E. KIRKPATRICK, M.D., *Secretary*
Shasta Dam Hospital, Shasta Dam

Section Aides:

JOHN GILLIS, M.D., Los Angeles
WILLIAM L. WEBER, M.D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 53:

Chairman's Address—The Socialization Program in Relation to Industrial Medicine and Surgery—Richard O. Schofield, M.D., 1027 Tenth Street, Sacramento.

A SYMPOSIUM ON THE ECONOMIC ASPECTS OF
INDUSTRIAL MEDICINE AND SURGERY

Paper No. 54:

The Physicians' Problem in the Analysis of the Industrial Injury—Frederic C. Bost, M.D., 384 Post Street, San Francisco.

Some of the problems met with in special medical examinations will be discussed. Particular reference will be made to the discrepancies between the patient's subjective complaints and the physician's objective findings.

Paper No. 55:

Legal Medical Aspects of Permanent Disability Ratings—Donald R. Brophy, Esq., Attorney, 465 California Street, San Francisco. (By invitation.)

Types of permanent rating schedules. Problems presented in California in determination of permanent disabilities. Suggested aids in reference to the present schedule and indicated revisions. Fundamental requirements of medical rating reports.



Business Recess

Business Meeting and Election of Officers

Paper No. 56:

The Next Step Forward—Douglass A. Campbell, M.S., S.D., Esq., Referee, Industrial Accident Commission, State Building, Los Angeles. (By invitation.)

Will discuss standardization of terminology, creation of research data and coordinated assistance to research reporting in the field of industrial medicine.

Paper No. 57:

Progress Report on the Fee Schedule—Hartley F. Peart, Esq., Legal Counsel, 111 Sutter Street, San Francisco.

Essayist's comments are incorporated in Legal Counsel's report, which appear with the reports of General Officers of the California Medical Association.

Paper No. 58:

Physical Medicine and the War—Edward W. Lowman, Lieut. (MC), U. S. Navy, U. S. Naval Hospital, Corona. (By invitation.)

This paper will consider the problem of prolonged idle convalescent time and its effect on the military patient of inducing a restlessness and an inanition known as Hospital Fatigue. It will propose a convalescent program entailing full mental occupation of the convalescent patient through use of instruction classes correlated with diversified workshop therapy

which would solve the problem of Hospital Fatigue, reduce sick days, and at the same time effect a vocational stimulus of high potential to a general postwar rehabilitation program.

Paper No. 59:

Vocational Rehabilitation—Mr. H. D. Hicker, Department of Vocational Rehabilitation, Department of Education of the State of California, Sacramento. (By invitation.)

Will discuss occupational adjustment of the disabled, including recent developments providing corrective surgery and therapeutic treatment for disabled persons who may be made employable through such service, as well as through other services such as counseling, vocational training, furnishing of prosthetic appliances, and placement.

Discussion to be opened by Wilbur J. Cox, M.D., 450 Sutter Street, San Francisco.

(Time allotted to questions from the floor and answers by the speakers.)



VIII

NEUROPSYCHIATRY SECTION

Meeting Room: Conference Room No. 9, on Mezzanine Floor, off North Galeria

J. S. KASANIN, M.D., *Chairman*
2200 Post Street, San Francisco

CLARENCE WILMOT OLSEN, M.D., *Secretary*
1136 West Sixth Street, Los Angeles

Section Aides:

ARTHUR R. TIMME, M.D., Los Angeles
GEORGE JOHNSON, M.D., San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 60:

Chairman's Address—Limitation of Objectives in Psychotherapy—J. S. Kasanin, M.D., 2200 Post Street, San Francisco.

In the past decade neuroses have been more readily recognized by the medical men, and in response more effective methods of psychotherapy have been developed. Psychoanalysis has been successful not only in removing symptoms, but in favorable cases effecting profound beneficial changes in the personality of the patient. Good psychotherapists have become somewhat scornful of the favorable results because they have not been obtained by "deep" psychotherapy. The chairman suggests that the aims of psychotherapy should be clearly defined as in other branches of medicine. Extensive research is needed in utilizing present knowledge for development of quick effective psychotherapy reaching large groups of patients who are asking for it.

Paper No. 61:

Self-Induced Psychosis with Hyperthyroidism Complicating Manic-Depressive Psychosis—George N. Thompson, M.D., Chief Psychiatrist, Los Angeles County General Hospital, 1200 North State Street, Los Angeles.

Report of a case of self-induced psychosis with hyperthyroidism complicating manic-depressive psychosis. An unusual method of attempted suicide provided opportunity to study the physiological effects of massive, prolonged thyroid overdosage,—in effect, experimental human hyperthyroidism.

Paper No. 62:

Psychologic Armoring for the Air Forces—Major William G. Barrett, M.C., Office of the Surgeon, AAF Redistribution Station No. 3, Santa Monica.

The psychologic principles of prophylaxis against anxiety by means of foreknowledge and insight can be used effectively to strengthen the morale and stamina of combat flying personnel. The scope of such a program is outlined and means for carrying it out are suggested.



Business Recess

Business Meeting and Election of Officers

Paper No. 63:

Psychosomatic Aspects of General Medicine—Julius Bauer, M.D., 1680 North Vine Street, Hollywood. (By invitation.)

Physiological and psychological mechanisms operative in the production of psychosomatic ailments (facilitation of reflexes, conditioned reflexes, organ-language, constitutional organ inferiority). Typical symptomatology and differential diagnosis. Constitutional predisposition. Iatrogenic ailments. Doctor's way of talking to patients both powerful and dangerous therapeutic instrument.

Paper No. 64:

Electric Shock Therapy in Two Hundred Mixed Cases—D. R. Sears, M.D., and J. F. Brown, Ph.D., Alexander Sanitarium, Belmont.

Over two hundred cases treated by electric shock during a two year period are summarized as to therapeutic results and to its effects in aiding in institutional care. Some points on variations from usual techniques are enumerated and explained. The results are compared with those reported in previous articles. The cases are analyzed on the basis of the number and nature of treatments, the duration of illness, and diagnosis. The present status of previously dismissed patients has been checked by a follow-up questionnaire.

As previously reported, prolonged duration of illness is found to have one of the highest correlations with unsatisfactory prognosis. Outstanding is the high percentage of cures or remissions in all affective disorders. One marked divergence from previous reports is found in the high percentage of rapid remissions in fresh acute schizophrenic attacks.

Paper No. 65:

Associated Movements in the Oculomotor Muscles—Robert Wartenberg, M.D., University of California Hospital, San Francisco.

After incomplete recovery of a peripheral facial palsy, associated movements often appear in the affected muscles. Similar associated movements can occur after incomplete recovery of an oculomotor palsy. Discussion of their pathophysiology. Critique of the theory of misdirection of regenerating nerve fibers. (Lantern slides.)

IX

PATHOLOGY AND BACTERIOLOGY SECTION

Meeting Room: Conference Room No. 3, on Mezzanine Floor, off North Galeria

H. A. EDMONDSON, M.D., *Chairman*
1200 North State Street, Los Angeles

JAMES F. RINEHART, M.D., *Vice-Chairman*
University of California Hospital, San Francisco

R. H. OSBORNE, M.D., *Secretary*
312 North Boyle Avenue, Los Angeles

JAMES B. MCNAUGHT, M.D., *Assistant Secretary*
2398 Sacramento Street, San Francisco

Section Aide:

ALBERT F. BROWN, M.D., Glendale

Monday, May 8, 1:30 p.m.

Paper No. 66:

Chairman's Address—The Role of Calcium in Acute Pancreatic Necrosis—Hugh A. Edmondson, M.D., 1200 North State Street, Los Angeles.

This report summarizes the results of tissue calcium studies on eight fatal instances of acute pancreatic necrosis and the serum calcium changes in fifty clinical cases. The importance of serum calcium levels in diagnosis, prognosis and treatment of the disease is discussed.

Paper No. 67:

Infectious Mononucleosis, Report of a Case with Autopsy Findings—Frederick Proescher, M.D., Santa Clara County Hospital, San Jose.

Clinical and pathological study of a case of infectious mononucleosis with a leukemoid blood picture, in a boy four years old. A description of the hematological and autopsy findings will be given. (Lantern slides.)

Discussion by Gurth E. Carpenter, M.D., Los Angeles, and Carroll S. Small, M.D., Loma Linda.



Business Recess

Business Meeting and Election of Officers

Paper No. 68:

Maduromycosis of the Ankle—Lt. Comdr. David A. Wood (MC), USNR, U. S. Naval Hospital, Treasure Island. (By invitation.)

A brief review of maduromycosis, its incidence in North America, and the report of a case. A Filipino, aged 40, complained of a soft tissue swelling of the foot of seven months' duration. The mass upon resection contained numerous small abscesses containing black mycotic granules (melanoid variety of maduromycosis). Following complete resection, healing occurred per primum and the patient was discharged to duty. No distant lesions were evident.

Discussion by Roy W. Hammack, M.D., Los Angeles, and Newton Evans, M.D., Los Angeles.

Paper No. 69:

Cold Hemagglutinins in Atypical Pneumonia—Paul H. Guttman, M.D., 605 Medico-Dental Building, Sacramento.

This is a report of a series of cases which presented cold agglutinins. The diagnostic value of cold agglutinins will be discussed and the clinical manifestations of cold agglutinins of high titer will be considered.

Discussion by Alvin G. Foord, M.D., Pasadena, and E. M. Butt, M.D., Los Angeles.

Paper No. 70:

Hepato-lenticular Degeneration—E. M. Butt, M.D., University of Southern California School of Medicine, Los Angeles.

A presentation of the pathology and probably casual factors of four cases of liver disease associated with bilateral symmetrical degeneration of the basal ganglia.

Discussion by C. B. Courville, M.D., Los Angeles.



X

PEDIATRIC SECTION

Meeting Room: Conference Room No. 2, on Mezzanine Floor, off North Galeria

WILLIAM C. DEAMER, M.D., *Chairman*
University of California Hospital, San Francisco

HOWARD R. COODER, M.D., *Secretary*
3875 Wilshire Boulevard, Los Angeles

CHARLES W. LEACH, M.D., *Assistant Secretary*
2000 Van Ness Avenue, San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 71:

Chairman's Address—William C. Deamer, M.D., University of California Hospital, San Francisco.

Paper No. 72:

The Use of Prostigmin in Poliomyelitis—Henry Brainerd, M.D., University of California Hospital, San Francisco. Co-authors of the above paper are Hilliard Katz, M.D., University of California Hospital, San Francisco; Albert Rowe, M.D., 118 Woodland Avenue, San Francisco; and J. C. Geiger, M.D., 101 Grove Street, San Francisco.

This paper attempts to evaluate the effects of prostigmin with or without the Kenny treatment on the manifestations of acute anterior poliomyelitis, as well as to analyze the incidence of various clinical manifestations which are treated.

Discussion by F. C. Bost, M.D., San Francisco.



Business Recess

Business Meeting and Election of Officers

Paper No. 73:

The Treatment of Epilepsy—Howard R. Cooder, M.D., 3875 Wilshire Boulevard, Los Angeles.

The public and the Medical Profession alike do not seem to realize that epilepsy is a curable disease. Careful statistics show that at least sixty per cent of children may be permanently relieved of convulsions. In this paper the several kinds of treatment of epilepsy are described in detail and emphasis is placed upon the importance of continuous and systematic treatment.

Paper No. 74:

Myositis Ossificans Progressiva—Kermit J. Ryan, M.D., 6253 Hollywood Boulevard, Los Angeles.

A report of a case of myositis ossificans progressiva, an extremely rare and strange disease. In addition,

there will be a review of the literature with a general discussion of the disease process.

Paper No. 75:

A Study of Bronchiectasis in Children—Vera C. Waegle, M.D., 951 South Lucerne, Los Angeles.

In the Parent-Teachers Chest Clinic of the Los Angeles City Schools, a group of children having chronic chest disease were the subjects of Lipiodol X-Ray studies. Points of diagnostic importance in those found to have Bronchiectasis, as contrasted with those found to be negative, are reviewed, with the object of assisting in the early diagnosis of Bronchiectasis in children.

Paper No. 76:

Organic Factors in Behavior Problems—Arthur R. Timme, M.D., 1930 Wilshire Boulevard, Los Angeles.

Careful study of some hundreds of school behavior problems, in the light of our newer knowledge of cerebral and especially diencephalic functioning, has revealed hitherto unsuspected or overlooked potent organic factors in shaping a child's behavior and directly influencing his adjustment to parents, school, comrades, etc.



XI

RADIOLOGY SECTION

Meeting Room: Conference Room No. 8, on Mezzanine Floor, off North Galeria

ROY W. JOHNSON, M.D., *Chairman*
1407 South Hope Street, Los Angeles

EARL R. MILLER, M.D., *Secretary*
University of California Hospital, San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 77:

Chairman's Address—Roy W. Johnson, 1407 South Hope Street, Los Angeles.

Paper No. 78:

Rheumatoid Spondylitis, with Special Reference to Early Diagnostic Criteria—Major Arthur J. Present, M.C., Chief, Radiological Service, Hoff General Hospital, Santa Barbara.

Active rheumatoid spondylitis has been encountered frequently in an Army General Hospital. An early diagnosis is important if progress of the disease is to be interrupted. Rheumatoid spondylitis has been the cause of bizarre and misinterpreted symptoms. The diagnostic criteria will be discussed.

Discussion by Joseph C. Risser, M.D., San Marino.

Paper No. 79:

Diaphragmatic Hernia and Dilated Esophageal Ampulla and Their Clinical Significance—Jacob Abowitz, M.D., Cedars of Lebanon Hospital, Los Angeles.

The frequent occurrence of these conditions and the misleading subjective symptoms make the study of this subject extremely important. The conditions are usually misinterpreted as coronary heart disease or gall bladder disease, and the patients treated medically and surgically without benefit. The condition should be suspected but the diagnosis can be confirmed only roentgenologically.

Business Recess*Business Meeting and Election of Officers*

Paper No. 80:

The Radiological Aspects of Certain Tropical Diseases
—Lt. Cmdr. L. H. Garland (MC), USNR, Oakland Naval Hospital, Oakland.

The author summarizes the more important tropical diseases from the viewpoint of the radiological consultant in North America. Many of these diseases are only of indirect radiological interest, but a few involve the use of roentgen examination in diagnosis, and many require consideration in the differential diagnosis of common skull, chest and abdominal ailments. In a few instances the use of roentgen irradiation is indicated in their treatment. The newer aspects of conditions, such as filariasis and paragonimiasis, will be outlined. The paper will be illustrated with lantern slides.

Discussion by the Radiological Staff of the San Diego Naval Base Hospital.

Paper No. 81:

The Role of Radiation Therapy in Wartime Casualties
—Capt. Albert Soiland (MC), USNR, (Ret.-Act.) U. S. Naval Hospital, Long Beach.

The writer feels that radiation therapy is of singular service in wartime casualties and regrets to note that this feeling is apparently not shared by an unbelievably large number of members of the medical profession.

The text deals with substantial facts garnered from a medical service of over forty years.

Discussion by George S. Sharp, M. D., Pasadena.

Paper No. 82:

Discussion of Excretion Urography—R. G. Van Nuys, M. D., 2490 Channing Way, Berkeley.

The essayist will present questions about the effects, safety, precautionary measures, material used, etc., for discussion from the floor in order to clarify the position taken by the various radiologists on problems concerning the responsibility for the injection of the opaque material, methods of examination, etc.

Discussion by Jay J. Crane, M. D., Los Angeles.

**XII****UROLOGY SECTION**

Meeting Room: Conference Room No 5, on Mezzanine Floor, off North Galeria

ARNO G. FOLTE, M. D., *Chairman*
870 Market Street, San Francisco

PAUL A. FERRIER, M. D., *Secretary*
65 North Madison Avenue, Pasadena

Section Aides:

ARDEN FATE, M. D., Los Angeles
RICHARD PETERFY, M. D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 83:

Chairman's Address—Psychoses Following Prostatic Surgery—Arno G. Folte, M. D., 870 Market Street, San Francisco.

A short discussion of this rarely mentioned complication occurring postoperatively in surgery of the prostate, with a report of three cases.

Paper No. 84:

Actinomycosis of the Kidney—Charles Pierre Mathe, M. D., 450 Sutter Street, San Francisco.

Report of a case nephrectomized for actinomycosis of the kidney. Success due to two-stage operation. Obscure symptoms and difficulty in diagnosis stressed. Perplexing complications consisting of prostatic and perinephritic abscess developed and were successfully treated. Symptomatology, diagnosis, chemotherapy and surgical treatment of renal actinomycosis reviewed.

Discussion by Elmer Belt, M. D., Los Angeles.

Paper No. 85:

Luxation of Testicle—Donald Charnock, M. D., 727 West Seventh Street, Los Angeles.

Luxation of the testicle is rare. With increase of patients who have been run over, this condition should be met with more frequently. A case is presented and a diagnostic point discussed.

Discussion by Jay J. Crane, M. D., Los Angeles.

**Business Recess***Business Meeting and Election of Officers*

Paper No. 86:

The Treatment of Rupture and Impassable Strictures of the Urethra—Thomas E. Gibson, M. D., 450 Sutter Street, San Francisco.

The number and variety of operations proposed for the treatment of these conditions indicate that none is entirely satisfactory. The literature is confused and contradictory. The various procedures employed are unnecessarily complicated. A simplified routine procedure applicable to both these conditions through use of the Davis Interlocking Sound is described.

Discussion by Adolph A. Kutzman, M. D., Los Angeles.

Paper No. 87:

Urology in a Base Hospital in the South Pacific—Captain Oliver W. Butler (MC), U. S. Naval Hospital, Long Beach.

Management of some types of gunshot wounds of the genito-urinary tract and remarks on genito-urinary aspects of tropical diseases which may be met in returning service men.

Discussion by Harry W. Martin, M. D., Beverly Hills.

Paper No. 88:

Chronic Urgency and Frequency of Urination in Women—James R. Dillon, M. D., 490 Post Street, San Francisco.

An old subject, but not exhausted, as evidenced by the many women still suffering, though examined and treated, often by more than one competent urologist. A presentation of the more unusual causes, pathology, and treatment, with brief case reports.

Discussion by Franklin Farman, M. D., Los Angeles.

Paper No. 89:

The Surgical Management of Exstrophy of the Bladder
—Tracy O. Powell, M.D., 6253 Hollywood Boulevard, Los Angeles.

Uretero-intestinal anastomosis and total cystectomy is a satisfactory and successful operation. Cases of bilateral hydronephrosis or congenital single kidney have been done with surprisingly good results. Five cases are presented and illustrated in a colored motion picture.



XIII

PUBLIC HEALTH SECTION

Meeting Room: See Bulletin Board for
Room Location

WILTON L. HALVERSON, M.D., *Chairman*
760 Market Street, San Francisco

J. C. GEIGER, M.D., *Vice-Chairman*
101 Grove Street, San Francisco

GEORGE M. UHL, M.D., *Secretary*
116 West Temple Street, Los Angeles

Section Aides:

H. O. SWARTOUT, M.D., Los Angeles
C. MORLEY SELLERY, M.D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 90:

Chairman's Address—Public Health—A Medical Specialty—Wilton L. Halverson, M.D., State Department of Public Health, 760 Market Street, San Francisco.

Public Health practice consists of the application of the principles of the control of disease to the community rather than to the individual. This can only be effected by a close integration of the public health program with the private practitioners of medicine in the community. To develop this relationship, it is as important that the practitioner of medicine recognize the viewpoint of the health officer as it is that the health officer recognize that the private practitioner of medicine is the greatest force in the public health program.

Paper No. 91:

Poliomyelitis—Evaluation of Kenny Treatment—J. Wayne McFarland, M.D., Boyle and Michigan Avenues, Los Angeles.

A study of the cases that have been treated by the Kenny method during the 1942 and 1943 epidemics of Los Angeles County, with special reference to the amount of weakness, disability, and final disposition of cases which could be consistently followed.

Paper No. 92:

Poliomyelitis—Multiple Familial Cases—William P. Frank, M.D., District Health Officer, 612 West Shorb Street, Alhambra.

The Kenny concept of poliomyelitis has given the medical profession not only a new method of treatment, but also a new approach to the diagnosis of the disease. By using muscle spasm as a diagnostic criteria, mild cases of poliomyelitis that hitherto would have been overlooked, can now be diagnosed.

This view has been developed as a result of a study of multiple familial cases seen at the Los Angeles County General Hospital during the 1943 epidemic.

Discussion from floor.

Business Recess

Business Meeting and Election of Officers

Paper No. 93:

Industrial Medicine in Relation to Public Health—Alice Hamilton, M.D., Harvard University, Boston, Massachusetts. (Guest speaker.)

The activities of the Industrial Division of the Federal Public Health Service and of the State Divisions have been greatly expanded to meet the new problems of war industry. This work includes laboratory and clinical studies of new compounds, e.g., solvents, ingredients for producing synthetic rubber, etc.; educational work, such as the conference on May 9 in St. Louis to which are called all national organizations concerned with industrial health; coöperation with and aid to State Industrial Hygiene Bureaus.

Paper No. 94:

Tropical Diseases—Their Present Significance—W. McD. Hammon, M.D., Dr. P. H., George Williams Hooper Foundation for Medical Research, University of California, San Francisco.

Discussion of diseases present in Latin America and the West Pacific which by increased and more rapid travel may be brought into California. What is being done to recognize them and to prevent them from becoming established? What possibilities exist in regard to vectors and reservoirs, native and newly introduced?

Discussion from floor.

Paper No. 95:

Insect Borne Diseases: Local Vectors, Type and Distribution—W. B. Herms, ScD., Professor of Parasitology, University of California, Berkeley.

In order to have a sound basis for effective corrective or preventive measures as pertain to insect-borne infections, an accurate identification of the vector is imperative. Corrective procedures must fit the particular offending species; such procedures are designated as species sanitation. Procedures used in the control of a given insect-borne disease in one locality may have little or no effect when applied in another for ecological reasons affecting the vector. Local vectors and potential vectors of malaria, dengue, filariasis, typhus, Rocky Mt. spotted fever, relapsing fever, tularaemia, onchocerciasis, and other insect borne diseases are considered.

Discussion from floor.

Paper No. 96:

Insect Borne Diseases: Airborne, Introduction—Rodney Beard, M.D., Stanford University School of Medicine, San Francisco.

Because appropriate insect vectors are lacking in some areas, the spread of malaria and certain other diseases has been limited. Increasing transoceanic air transport raises the risk of transplanting important insect species. Thus far, control has been effective, but a greater margin of safety is needed.

Discussion from floor.

Paper No. 97:

Penicillin-Observation of Effectiveness on Selected Cases—Paul Hamilton, M.D., 1635 Chelsea Road, San Marino.

Penicillin has much the same range of application as chemotherapy, plus some notable additions. Chief

of these is its much greater effectiveness against staphylococci. Some other less common organisms are also affected. Its effectiveness and lack of toxicity make it an important advance in therapy of bacterial infections.

Discussion by Norman B. Nelson, M.D., Los Angeles.

V

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— B —		Guttman, P. H., Sacramento.....	147	Patterson, R. H., San Francisco..	142
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Cooder, H. R., Los Angeles.....	148	Landis, Mrs. C. C., Chico.....	139	Smith, M. L., Los Angeles.....	142
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LOS ANGELES

Some Highlights in Its History

Los Angeles is the second oldest city officially founded in California and the third oldest in rank as an early habitation center. San Diego Mission, founded in 1769, was the earliest civilized development in California. From San Diego, Gaspar de Portola and Juan Crespi marched north and began developments in the Monterey area in 1770. San Gabriel Mission, near Pasadena, was founded September 8, 1771. Just ten years later on September 4, 1781, "El Pueblo de Nuestra Senora la Reina de Los Angeles de Porciuncula" (now Los Angeles) was officially founded by the third Spanish Governor to California, Felipe de Neve.

Before the founding of Los Angeles, about 300 In-

dians, called Yang-na, lived in the Los Angeles area, unmolested and unmindful of their inevitable doom.

During many years following the founding of Los Angeles nothing of note happened. The country was left to the explorers and that arduous colonizer, the missionary.

All life in the Pacific Southwest in those days revolved about the missions, which was primarily communal among the Indians, who were disciplined by soldier guards. Agriculture and livestock were the principal industries. Commerce, as it is known today, was unknown. Lethargy, indifference and stagnation, from a world point of view, were the order of the day in the early Spanish era of Los Angeles.

In 1822, news arrived from Mexico that these one-time Spanish colonies were free and independent. How-

(Continued on Page 191)

VI MISCELLANEOUS INFORMATION OTHER MEETINGS

CALIFORNIA HEART ASSOCIATION SCIENTIFIC PROGRAM

The Biltmore Hotel, Los Angeles
Saturday, May 6, 1944

Morning Session—9:30 a. m.

- I. *The Prognostic Significance of Auricular Fibrillation Occurring with Myocardial Infarction*—John Martin Askey, M.D., Los Angeles, and Otto Neurath, M.D., Los Angeles.
- II. *T-Wave Changes Related to the Respiratory Phase*—Captain Arthur R. Twiss, M.C., USA, Santa Ana, and Lieut. Col. George H. Houck, M.C., USA, Santa Ana.
- III. *Cardiac Complications of Hyperthyroidism (Experience of Eight Years at the University of California Typhoid Clinic)*—Ellen Brown, M.D., San Francisco, Alfred O. Bolomey, M.D., San Francisco, and Mayo H. Soley, M.D., San Francisco.
- IV. *Rheumatic Fever in Two California Counties*—Helen M. Johnson, M.D., San Francisco.
- V. *Rheumatic Fever and Tuberculosis*—Ernst Loewenstein, M.D., San Francisco.
- VI. *Penicillin in the Treatment of Rheumatic Fever and Other Conditions in a Naval Hospital*—Commander J. Russell Twiss, MC, USNR, Shoemaker.
- VII. *Syndrome of Short P-R Interval and Wide QRS Complex: Current Theories of Mechanisms and Report of Cases*—Captain Eli R. Movitt, M.C., USA, San Francisco.

Afternoon Session—1:30 p. m.

- VIII. *The Pathogenesis and Treatment of Shock Resulting from Crushing Muscle*—Myron Prinzmetal, M.D., Los Angeles, S. C. Freed, M.D., Los Angeles, and H. E. Kruger, M.D., Los Angeles.
- IX. *An Experimental Study of Factors Influencing Pulmonary Hemorrhage*—Clinton H. Thienes, M.D., Los Angeles.
- X. *Factors Influencing Circulation Time*—Morris H. Nathanson, M.D., Los Angeles.
- XI. *So-Called Reiter's Disease: The Triad of Acute Arthritis, Conjunctivitis and Urethritis*—Lieut. Comdr. H. H. Rosenblum, MC, USNR, Shoemaker.
- XII. *Temporal Arteritis: A Simple Treatment*—A. M. Roberts, M.D., Los Angeles.
- XIII. *Neglected Cardiacs Discovered by Selective Service Examination: Report of a Recent Survey*—Francis L. Chamberlain, M.D., San Francisco, and William J. Kerr, M.D., San Francisco.
- XIV. *Coronary Occlusion in Industry*—Eugene B. Levine, M.D., Oakland.
- XV. *Problems Encountered in the Employment of Cardiacs*—Fenn E. Poole, M.D., Los Angeles.
- XVI. *Problems in the Prevention of Luetic Cardiovascular Disease*—S. P. Lucia, M.D., San Francisco, and William N. Sears, M.D., San Francisco.
- XVII. *Business Meeting—California Heart Association*—Presiding, Lieut. Comdr. H. H. Rosenblum, MC, USNR, Shoemaker.

WESTERN ASSOCIATION OF INDUSTRIAL PHYSICIANS AND SURGEONS

Fourth Annual Convention

Saturday, May 6, 1944

Again this year the Western Association of Industrial Physicians and Surgeons will meet the day previous to the opening session of the California State Medical Association. The meeting this year will be the afternoon and evening of Saturday, May 6, at the Biltmore Hotel, in Los Angeles.

Because of war restrictions and the difficulties incurred in traveling, there will not be so many guest speakers from a distance as last year. However, the invited guests for 1944 are no less renowned or impressive. As this notice goes to press, the Secretary is unable to supply all the titles of the proposed papers, but they will be found in a subsequent notice to all the members. The list of speakers includes:

(1) Dr. Alice Hamilton, an internationally noted industrial toxicologist and pioneer in the field of industrial medicine, who is Guest Speaker of the California Medical Association.

(2) Commander Henry H. Kessler, MC, U.S.N., author of the well known book, "Accidental Injuries" and a long recognized authority in corrective orthopedic surgery and rehabilitation of the injured. Dr. Kessler is in charge of this type of work for the Navy at Mare Island, and has just returned from the South Pacific.

(3) Dr. Dudley A. Irwin, Medical Director of the Aluminum Company of America. It was Dr. Irwin who, along with Denny and Robson, did the original investigation of the use of aluminum dust in the prevention of silicosis.

(4) Dr. Max Burnell, Medical Director, AC Spark Plug Division, General Motors Corp., Flint, Michigan, will be on the evening program. His subject is, "Women in Industry." Few, if any, have a better knowledge of this problem than Dr. Burnell.

(5) Dr. Marion Dakin, Medical Department, Lockheed Aircraft Corp., presents "Eliminating Psychogenic Factors in the Management of Physical Problems of Women Workers." Dr. Dakin worked incognito for four months on the assembly line to obtain her information.

(6) Mr. Douglass A. Campbell, Referee of the California Industrial Accident Commission. Few lawyers have the insight into the medical aspect of the medicolegal problems as does Mr. Campbell. From his experience he will present some aspects of the legal difficulties confronting the industrial physician.

In addition to the above speakers, there will be papers discussing the future of aviation medicine, psychological factors as a cause of maladjustment to working environment, and one or two other subjects.

These meetings are open to all physicians and it is felt that they have a special significance during industry's part in the war effort.

The president of the Western Association of Industrial Physicians and Surgeons, Dr. C. A. Walker, chief surgeon, Southern Pacific Company, Pacific Lines, will preside.

For any additional details, write the Secretary, Dr. Rutherford T. Johnstone, 423 Towne Avenue, Los Angeles.

RE: EXHIBITS

As elsewhere announced, no scientific, military or technical exhibits will be on display at the 73rd Annual Session. The brief, two-day conference, and transportation difficulties, especially under existing conditions, made necessary the postponement of such displays for more favorable conditions in the future.

VII ENTERTAINMENT

Consult bulletin board in Main North-South (Fifth Street to Ramp) Galeria (by registration desk), for information.

President's Dinner.—Hotel Biltmore, Sunday, May 7, at 7:30 p.m. in Biltmore Bowl (entrance by way of South Galeria, near ramp). Reservations must be made in advance, as capacity of dining room is limited. Reservations can be made for single tickets and for tables of eight or more persons. Make reservations at Registration Desk. Such reservations should be in charge of only one person, in order to avoid confusion for the hotel management. All who are at a "table to be reserved" should let their spokesman order for them. "Reserved Tables" must not be encroached upon.

Entertainment Program.—The Local Committee on Arrangements will present an entertainment program at this dinner at 9:30 p.m. sharp. During the floor show the dining room doors will be closed and table service will stop. For these reasons it is imperative that those attending the dinner should be in the dining room promptly at 8:00 p.m.

Dancing.—Dancing (in the Biltmore Bowl) to Hotel Biltmore's orchestra will follow the Dinner to the President.

VIII TRANSPORTATION INFORMATION

Reduced-rate convention transportation is *not* available this year. This has been discontinued for the duration.

Members are urged to make their transportation reservations at the earliest possible date in order to secure reservations on the overtaxed travel lines. Under present regulations, rail lines cannot take reservations more than 30 days in advance of the actual travel date; members should make their reservations a full 30 days ahead of the time of their departure.

These facts are particularly called to the attention of program participants and section and general officers. A delay of one day in making your request for travel accommodations may mean the difference between securing accommodations or not securing them.

It is contemplated that all meetings will be concluded by 6:00 p.m. on Monday, May 8. Members will want to keep this hour in mind in arranging for return reservations from Los Angeles; it will be possible to stay for the final meeting and still catch the "Lark" from Los Angeles to San Francisco.

Transportation Information

The following schedules are subject to change and should be verified with your local ticket agent.

Southern Pacific

Name of Train	Leave	Arrive
	San Francisco	Los Angeles
Owl (Valley Route)	5:00 p.m.	9:00 a.m.
Lark	9:00 p.m.	9:00 a.m.
Coaster	6:30 p.m.	8:35 a.m.
Daylight	8:15 a.m.	6:00 p.m.
San Joaquin Daylight (Valley)	8:00 a.m.	10:00 p.m.
Los Angeles Passenger No. 72	1:00 p.m.	6:45 a.m.
Passenger No. 56	8:30 a.m.	6:15 a.m.

Return Trip

Name of Train	Leave	Arrive
	Los Angeles	San Francisco
Owl (Valley Route)	5:00 p.m.	8:20 a.m.
Coaster	6:30 p.m.	8:35 a.m.
Lark	9:00 p.m.	9:00 a.m.
Daylight	8:15 a.m.	6:00 p.m.
San Joaquin Daylight	8:00 a.m.	9:30 p.m.
San Francisco Passenger No. 71	1:00 p.m.	6:45 a.m.
Passenger No. 55	8:25 p.m.	6:50 p.m.

* * *

Santa Fe Railroad

The Santa Fe operates two "Streamliners" between San Francisco and Los Angeles each day. These are modern coach trains with diner service; coach fares apply and all seats are reserved.

From San Francisco these trains depart at 9:00 a.m., arriving Los Angeles at 7:05 p.m., and at 6:00 p.m., arriving Los Angeles at 4:10 a.m.

From Los Angeles, these trains depart at 7:00 a.m., arriving San Francisco at 5:15 p.m., and at 12:00 noon, arriving San Francisco at 10:20 p.m.

These trains provide bus service between Bakersfield and Los Angeles, operating modern air-conditioned coaches for this service.

* * *

United Air Lines

United Air Lines schedules nine flights daily between San Francisco and Los Angeles, with one flight each way making stops at Santa Barbara and Salinas, and two flights stopping at Bakersfield and Fresno. Schedules are subject to change and all reservations are subject to priorities issued to Army, Navy and other essential travelers. Members should check carefully on the priority status of an individual flight before attempting to make firm reservations for travel on that flight. Schedules are as follows:

Flight Number	Leave San Francisco	Arrive Los Angeles
52	6:30 a.m.	8:51 a.m.
54	8:00 a.m.	10:00 a.m.
*60	10:00 a.m.	12:38 p.m.
62	2:05 p.m.	4:05 p.m.
68	4:00 p.m.	6:00 p.m.
*70	5:00 p.m.	8:04 p.m.
72	5:35 p.m.	7:35 p.m.
74	8:45 p.m.	10:45 p.m.
*78	2:40 a.m.	5:26 a.m.

Leave Los Angeles Arrive San Francisco

51	6:45 a.m.	8:45 a.m.
*53	9:30 a.m.	12:00 m.
55	10:00 a.m.	12:00 m.
59	1:05 p.m.	3:05 p.m.
*65	1:30 p.m.	4:18 p.m.
67	5:00 p.m.	7:00 p.m.
69	7:00 p.m.	9:00 p.m.
75	9:00 p.m.	11:18 p.m.
*77	11:00 p.m.	1:48 a.m.

* Stops at Salinas and Santa Barbara.

** Stops at Bakersfield and Fresno.

IX HOTELS

The official headquarters of the next annual session will be the *Hotel Biltmore*, 518 South Olive Street, (Olive, between Fifth and Sixth Streets), Los Angeles. Because of the prospective attendance, the facilities of other hotels may also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, date of arrival, date of departure, nature of accommodations desired (single room, double room, double bed, twin beds, bath).

For additional information, inquire at California Medical Association registration desk (located in the East-West Galeria).

LOS ANGELES HOTELS: WITH TELEPHONE NUMBERS

A list of some hotels in Los Angeles within easy distance of the Biltmore.

Hotels	Telephones
<i>Alexandria Hotel</i> , 210 W. Fifth St....	(MAdison 2741)
<i>Ambassador Hotel</i> , 3400 Wilshire Blvd....	(DRexel 7011)
<i>BILTMORE HOTEL*</i> , 515 S. Olive.....	(MICHigan 1011)
<i>Carlton Hotel</i> , 519 S. Figueroa St.....	(MICHigan 6571)
<i>Chapman Park Hotel</i> , 615 S. Alexandria Ave.....	(Fitzroy 1181)
<i>Clark Hotel</i> , 426 S. Hill St.....	(MICHigan 4121)
<i>Gates Hotel</i> , 830 W. Sixth St.....	(TRinity 3931)
<i>Hayward Hotel</i> , 206 W. Sixth St.....	(MICHigan 5151)
<i>Mayfair Hotel</i> , 1256 W. Seventh St....	(Fitzroy 4161)
<i>San Carlos Hotel</i> , 507 W. Fifth St....	(MUTual 2291)
<i>Savoy Hotel</i> , 601 W. Sixth St.....	(MAdison 1411)
<i>Stillwell Hotel</i> , 838 S. Grand Ave.....	(TRinity 1151)
<i>Town House</i> , 639 S. Commonwealth Ave.....	(EXposition 1234)
<i>William Penn Hotel</i> , 2208 W. Eighth St.....	(EXposition 3181)

* Headquarters Hotel.

Biltmore Hotel: Headquarters Hotel 515 S. Olive (MICHigan 1011)	
Single rooms.....	\$5.00, \$5.50, \$6.00, \$6.50 and \$7.00
Double rooms.....	\$7.00, \$7.50, \$8.00, \$8.50 and \$9.00
Suites.....	\$12.00, \$20.00
All rooms in the Biltmore have individual private baths, and in the case of the doubles, twin or double beds are optional.	

AMBASSADOR HOTEL 3400 Wilshire Blvd. (DRexel 7011)	
Single room with bath, one person.....	\$6.00 to 15.00
Double room with bath, two persons.....	8.00
Twin beds.....	15.00
Two single rooms, bath between, two persons, each.....	8.00
Two double rooms, bath between, four persons, each.....	15.00

ALEXANDRIA HOTEL 210 W. Fifth St. (MAdison 2741)	
Single room with bath, one person.....	\$3.00
Double room with bath, two persons.....	4.00 and 5.00
Room for 3 persons.....	7.50

CHAPMAN PARK HOTEL 615 S. Alexandria Ave. (Fitzroy 1181)	
Single room with bath, one person.....	\$3.50
Double room with bath, two persons.....	4.00 and 6.00

CLARK HOTEL 426 S. Hill St. (MICHigan 4121)	
Single room with bath, one person.....	\$3.00 and 3.50
Double room with bath, two persons.....	4.00 and 4.50

GATES HOTEL 830 W. Sixth St. (TRinity 3931)	
Single room without bath, one person.....	\$1.50
Double room without bath, two persons, each.....	1.50
Single room with bath, one person.....	3.00
Double room with bath, two persons.....	4.00
Two single rooms, bath between, two persons, each..	4.00
Two double rooms, bath between, four persons, each.	4.00

HAYWARD HOTEL 206 W. Sixth St. (MICHigan 5151)	
Single room without bath, one person.....	\$2.00
Double room without bath, two persons, each.....	2.50
Single room with bath, one person.....	2.50
Double room with bath, two persons.....	3.00
Two single rooms, bath between, two persons, each..	3.50

MAYFAIR HOTEL 1256 W. Seventh St. (Fitzroy 4161)	
Single room with bath, one person.....	\$2.75
Double room with bath, two persons.....	3.30 and 3.85

ROSSLYN HOTELS 111 W. Fifth St. (MICHigan 3311)	
Single room without bath, one person.....	\$1.50
Double room without bath, two persons.....	2.00
Single room with bath, one person.....	2.00
Double room with bath, two persons.....	3.00 to 7.00

WILLIAM PENN HOTEL 2208 W. Eighth St. (EXposition 3181)	
Single room with bath, one person.....	\$2.00
Double room with bath, two persons.....	2.50
With twin beds.....	3.50

HOTEL STILLWELL 838 S. Grand Ave. (TRinity 1151)	
Single room with bath, one person.....	\$2.00 and 2.50
Double room with bath, two persons.....	3.00 and 3.50

SAVOY HOTEL 601 W. Sixth St. (MAdison 1411)	
Single room without bath, one person.....	\$2.00
Double room without bath, two persons.....	2.75
Single room with bath, one person.....	2.75 up
Double room with bath, two persons.....	2.75 up

CALIFORNIA STATE BOARD OF PUBLIC HEALTH

The California State Board of Public Health will hold a meeting at Hotel Biltmore on Monday, May 8, 1944.

The meeting will be held in one of the Section meeting rooms on the mezzanine floor. For room number and hour of meeting, see the Bulletin Board.

The Board will be pleased to hear any members of the medical profession who may desire to call attention to public health problems or needs.



X

FILMS: MILITARY, MEDICAL, SURGICAL, AND PUBLIC HEALTH

Music Room, off East-West Galeria

Films will be presented in the Music Room (off the East-West Galeria, near junction with main North-South Galeria).

Films will be shown during the morning hours and, unless otherwise announced, a different film will start on each half-hour, commencing at 9 a.m. and continuing until the noon hour.

Time of presentation of films will be posted on bulletin boards at the entrance of the Main Room. A list of films will appear in the Convention programs, to be distributed at Los Angeles.



MRS. C. C. LANDIS
President, Woman's Auxiliary to the
California Medical Association
1944



MRS. LAWRENCE K. GUNDRUM
Recording Secretary, Woman's Auxiliary to the
California Medical Association
1944

WOMAN'S AUXILIARY

Fifteenth Annual Session

WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION

Headquarters at Biltmore Hotel, Los Angeles

Mrs. C. C. Landis, *President*

Mrs. Ludwig L. Kaftan, *Convention Chairman*

Saturday, May 6

2:00-6:00 p.m. }
7:00-9:00 p.m. } Registration

Sunday, May 7

8:30 a.m.-2:00 p.m.—Registration.
8:30 a.m.—Executive Board Meeting.
10:00 a.m.—First General Session of Convention.
1:00 p.m.—Luncheon—Honoring:
Mrs. C. C. Landis, President.
Mrs. Ralph B. Eusden, President-Elect.

Monday, May 8

9:00-11:00 a.m.—Registration.
9:30 a.m.—Second General Session of Convention.
Election of Officers.
Election of District Councilors from 1st, 2nd, 4th,
6th and 7th Districts.
1:00 p.m.—Luncheon—Honoring:
Mrs. Karl L. Schaupp, wife of the President of the
California Medical Association.
3:00 p.m.—Post-Convention Board Meeting.

Convention Committees

Los Angeles, May 7-8, 1944

Convention Chairman.....Mrs. Ludwig L. Kaftan
Local Chairman.....Mrs. George P. Landegger
Credentials and Registration.....Mrs. Hollis Carey
Local Chairman Registration.....Mrs. Jesse L. Brockow
Transportation.....Mrs. Benjamin Sherman
Information.....Mrs. C. Raphael Dunlevy
Decorations and Flowers.....Mrs. L. C. Burwell
Ushers and Pages.....Mrs. Paul Saffo
Printing and Supplies.....Mrs. Edwin B. Plimpton
Badges.....Mrs. P. W. Seals
Finance.....Mrs. Charles F. Gailmard
Emergency.....Mrs. J. Edward Short
Hostess.....Mrs. Eric Larson
Sunday Luncheon.....Mrs. Clifford Wright
Monday Luncheon.....Mrs. Wm. C. Boeck
Publicity.....Mrs. Ward Rolland
Long Beach Chairman.....Mrs. K. C. Brandenburg
Pasadena Chairman.....Mrs. L. G. Hunnicut

Part II

PRE-CONVENTION BULLETIN

FOREWORD.—The official reports which follow will be presented at the coming session of the House of Delegates.

Delegates, therefore, are urged to familiarize themselves with their contents.

Members, likewise, are requested to become familiar with the recommendations in these reports, and to discuss them with other members and delegates.

Through such coöperation, action that will be in line with majority opinion, is more apt to be taken.

* * *

I

REPORTS OF GENERAL OFFICERS

REPORT OF THE PRESIDENT

To the House of Delegates:

The past year has probably been the most strenuous in the history of the California Medical Association, and when the ultimate story has been told, no doubt it will be considered to have been the most important. A tremendous amount of work has been done, as becomes evident through reading the report of the Council and other officers of the Association.

Your President has been closely associated with the Association's work for a good many years, and has never seen such earnest, conscientious application to duty as has been shown by the officers of the Association and the members of the Council. He has been particularly impressed by the deep sincerity and conscientiousness of the Council members, who have taken the problems of the general practitioner of medicine very deeply to heart, and have given to them, while they have been away from the Council meetings, many hours of thought.

Captain Gilman, the Chairman of the Council, has performed yeoman's service, if such a term can be applied to a captain. He has been giving far more of his time than should be expected of any officer of the Association. Dr. George H. Kress, our secretary, has carried on negotiations in behalf of the agricultural workers, without which, I am sure, our whole plan for their medical care would have been, not only jeopardized, but broken down. Mr. John Hunton, our executive secretary, having performed all of his regular duties with efficiency and dispatch, has given much of his free time to the work of Procurement and Assignment Service. Dr. John Cline, Chairman of the Executive Committee, has devoted many hours from his busy practice to working out details and plans under the instruction of the Council. Dr. Lowell Goin, your President-elect, has shown a leadership and a devotion to duty which assures us that in the coming year we shall have a president who will long be remembered for his service to the Association and to the general practitioner of medicine. As a matter of fact, I cannot praise too highly the efforts of all the men and the various committees for their conscientious endeavors to preserve that which we treasure most highly in the practice of medicine, while realizing that the practice of the future will, of necessity, be different from that of the past.

Your President has been unable, for many reasons, to make the usual visits to the various county societies. It has been his pleasure, however, to be present at a number of such meetings where important problems were under consideration. Most of his time has been devoted to representing the Association in the work of the Procurement

and Assignment Service Coördinating Committee, in attempts to effect the consolidation of hospital service groups. He has also tried to preserve the Agricultural Workers' Health and Medical Association, through which the migratory farm worker has been receiving excellent care, and for which the California physician has received a reasonable compensation for service to that class of patient. And he has dedicated many hours to bringing before society members, hospitals, and other groups the importance in our medical plan of the Physicians' Service, which, to his mind, is the only honest and possibly effective answer we have to State Medicine. He feels that, at the present time, we are at our most critical period, but is confident that with such efficient officers and competent Council we shall, from now on, begin to make progress, provided that the rank and file of the membership of the California Medical Association will but put their shoulders to the wheel and give honest, sincere help in the attempt to make this progress.

Respectfully submitted,

KARL L. SCHAUPP, *President.*

REPORT OF THE PRESIDENT-ELECT

To the President and the House of Delegates:

It is to be regretted that the exigencies of travel have almost completely prohibited the customary visits to the county societies.

Your president-elect, however, has been able to visit Orange County, Riverside County, San Diego County and the Harbor Branch of Los Angeles County. His other activities have been confined to the usual functions of the Council and of the Executive Committee.

Respectfully submitted,

LOWELL S. GOIN, *President-Elect.*

REPORT OF THE PAST PRESIDENT

To the President and the House of Delegates:

The provision in the Constitution and By-Laws continuing the Past President on the Council for one year is, in the main, a good one. It enables the Past President to see to a conclusion any and all of the matters which once demanded his attention and which had not been completed. It is possible also that his experience and familiarity with Association matters may be of benefit to both the Association and the Council.

During the year I have attended each of the Council and Executive Committee meetings and was impressed with the earnestness that the Council displayed in meeting and considering the many problems facing the medical profession.

Time alone will be the best judge of the wisdom of some of the Council's decisions and actions during the year. "*Nothing ventured, nothing gained*," is an old adage which can still be applied to our consideration of the uncharted course of medical economics.

I wish once more to express to the officers and members of the Council my deep appreciation for their courtesy and consideration given me during the past two years.

Respectfully submitted,

WILLIAM R. MOLONY, SR., *Past President.*

REPORT OF THE SPEAKER OF THE HOUSE OF DELEGATES

To the President and the House of Delegates:

On the shoulders of each delegate this year will rest the burden of attempting to solve many disturbing problems of medicine. This burden does not constitute the fate of the whole world, but it involves one part of the world and a situation most important to us as California doctors. If we fail to carry it with vision and strength we may never again, in our generation at least, be given the right to carry a load by our own volition. If we but transform our burden into a torch and carry it in challenge, the light may attract many to lift the load.

This year the report of the Public Relations Survey by Foote, Cone and Belding and their recommendations will need action by our House of Delegates. The report of Mr. Ben Read, regarding doings in Washington and the accomplishments of the Western States in forming a National Public Health League, will be prominent. Recommendations by the Council and others regarding proposed changes in the A.M.A. and its activities will need decision. Perhaps most important will be the consideration of the status of C.P.S. and the medical profession of this State. A complete discussion and a settlement of the problem, "at once and for all," must be made at this meeting.

These are only part of our agenda. I urge that all delegates and alternates feel keenly their duty, let nothing interfere with their attendance at all sessions, and report promptly at the specified hours of assembly.

Respectfully submitted,

E. VINCENT ASKEY, *Speaker*.

REPORT OF VICE-SPEAKER*To the President and the House of Delegates:*

The Vice-Speaker of the House of Delegates has attended all meetings of the Council and has observed with interest the mechanisms by which the State Council implements instructions of the House of Delegates, and acts in the interim between meetings of that body.

The Council of the California Medical Association is composed of a group of sincere, alert and hard-working individuals, who devote much time and effort in the interests of organized medicine. In watching these deliberations one cannot but be impressed with the business-like manner, and the absolute earnestness with which difficulties are approached. This is representative government at its best. Results speak for themselves.

Respectfully submitted,

L. A. ALESEN, *Vice-Speaker*.

REPORT OF THE CHAIRMAN OF THE COUNCIL*To the President and the House of Delegates:*

During 1943 it has been my privilege to conduct the meetings of the Council, before which come the many important items confronting the Association. The tentative report of the Council, which appears on another page of this issue, indicates the scope of the Council's activities during 1943 and shows the importance of the regular meetings of that body. Additional reports and recommendations may be made by the Council for the consideration of the House of Delegates.

Respectfully submitted,

P. K. GILMAN, *Chairman of the Council*.

REPORT OF THE COUNCIL*To the President and the House of Delegates:*

During the last year, the Council of the California Medical Association has been confronted, not with one,

but a number of problems having vital relations to medical practice in California. So grave are some of these matters, that final action thereon must be taken by its supreme body, the House of Delegates. In the meantime, the Council has done those things necessary to permit it to present additional informative data and suggestions to the House. Brief reference to some of the special problems are indicated in this report.

1. Meetings.

The 310th Council meeting was its organization session, and was held in Los Angeles on May 3rd, 1943. An organization meeting of the C.M.A. Executive Committee was held on the same date. Other meetings of Council took place: 311th on June 19, 1943 in San Francisco; 312th on August 22, 1943, in San Francisco; 313th on October 10, 1943, in Los Angeles; 314th on January 23, 1944, in San Francisco; and 315th on March 5, 1944, in San Francisco.

2. Membership.

Membership of the California Medical Association (inclusive of its 2,062 members in military service) totals 7,340. During the last calendar year 429 physicians were elected into county society membership, to thus become members of both the C.M.A. and A.M.A.

3. Finances.

In addition to routine administrative expenses, which do not vary greatly from year to year, the Council, in protection and promotion of the best interests of medical practice deemed it advisable to make several appropriations not provided for in the budget:

(a) Expenses of the survey of nonprofit medical and hospitalization service groups operating in California, the study and report being made by Mr. John Mannix of Michigan Medical Service and printed in *CALIFORNIA AND WESTERN MEDICINE* for November, 1943, on pages 258-265; the total cost amounting to \$1,500.

(b) Authorization of a public opinion survey by a national public relations firm,—Foote, Cone and Belding,—made in November, 1943, concerning which comment is made below, costing \$7,198.49.

(c) Allocation of the sum of \$18,000 to cover the share of the California Medical Association in establishing at Washington, D. C., an office of medical information, to be conducted under the jurisdiction of the C.M.A. Committee on Public Relations and Legislation, in conjunction with the newly-formed United Public Health League.

(d) Allocation of the sum of twenty-five thousand dollars (\$25,000.00) at the Council meeting of March 5, 1944, to cover expenses involved in carrying on public relations work in line with the information brought out in the survey of Foote, Cone and Belding, and to promote also the better attainment of the objectives of California Physicians' Service.

War Industry and Agricultural Migrant Problems in California:

(a) The influx of thousands of citizens from other States, attracted to California by the massive war industries that have grown up almost overnight, and necessarily needing to be provided with housing facilities of similar transient nature, brought up the problem of their adequate medical care. Because two thousand of our own members are in military service, it has not been easy to secure sufficient medical personnel for some of these mushroom areas and communities. Difficulties encountered were not made easier, since some of the local government boards were not fully coöperative. The subject is mentioned, since it has intimate ramifications to medical and hospitalization activities.

(b) The medical care of the migratory agricultural

workers, so well carried on under the Agricultural Workers Health and Medical Association, on the governing board of which Dr. Karl L. Schaupp has been a guiding influence, was imperiled by proposed federal legislation. Through the efforts of his special committee, Dr. Schaupp was able to secure favorable legislative action. The good work in the medical care of needy agricultural workers will be continued.

California Physicians' Service:

C.P.S. was brought into existence by the California Medical Association in 1938. Its progress has not been along paths strewn with roses. However, it has endeavored to follow those lines of procedure which, at the time of their institution, were deemed safest and best to its constituted authorities. All things considered, its record of achievement is one in which the California Medical Association may take legitimate pride. It is gratifying to know that the unit values designed to compensate the physician-underwriters of this statewide medical service plan are now on a two-dollar basis, and with good management should consistently increase.

However, the experience of the last five years has demonstrated some inadequacies in function that must be rectified, if C.P.S. is to move on to attain its original objectives in the way of service. The House of Delegates brought C.P.S. into existence under its present set-up, and the House must now decide what changes it wishes to authorize in the way of alterations. Delegates who desire to orient themselves concerning proposed changes should read the pertinent items in the Council minutes: C. and W. M., November, 1943, Item 6 on page 273; March, 1944, Item 7 on page 103; and in the April, 1944 of current issue, Item 10 on page 214.

Liaison Committee of Eight (Medical Service and Hospitalization Groups):

In its endeavors to bring about a harmonious relationship between California Physicians' Service; Hospital Service of California; Hospital Service of Southern California; and Intercoast Hospitalization Insurance Association,—to make possible a more efficient medical care and hospitalization service for the lower income groups of California citizens,—the Council, after serious discussion, brought into being a liaison Committee of Ten (later changed to Committee of Eight by request of the Committee of Ten). Council minutes of meeting of October 10, 1943, record the action taken (C. and W. M., November, 1943, Item 6 on page 273).

The Liaison Committee held three meetings, and after discussion, agreed to bring in a coordinator who would make a survey and institute necessary adjustments to promote a more efficient and comprehensive management, but at the same time properly conserve the interests of the parties concerned.

Unfortunately, the tender of the position of coordinator, offered to five different out-of-state experts in medical care and hospitalization work who had been selected by the Liaison Committee as acceptable, was declined by each.

The C.M.A. Council at its meeting on March 5, 1944, as recorded in Item 10 of its minutes (C. and W. M., April, 1944, current issue, on page 214) outlined resolutions designed to bring about a betterment in existing conditions. Because of the nature and scope of proposed actions, these resolutions should be read by all delegates and alternates.

Survey of Public Relations of the California Medical Association, as of January, 1944:

During the last year, each succeeding month seemingly has brought to the attention of Councilors increasing uncertainty concerning the trend of public opinion in relation to physicians, medical practice, and to proposed legislation regarding medical care through governmental

agencies. These various subjects have received earnest consideration by the Council. It was finally agreed that it would be a wise expenditure of funds, if an accurate survey of public opinion in California, concerning medical care in its various aspects, could be made. The value of such a survey would depend in good part on whether the impersonal inquiry, into thinking-trends of California citizens, would be truly representative of the entire State. It was agreed that such an investigation needed expert, rather than amateur supervision, no matter how well-intentioned the latter might be.

After discussion, a national firm—Foote, Cone and Belding, successors to the Lord and Thomas agency,—was selected for the work, and the survey was made in November, 1943. This survey received mention in the minutes of the 313th meeting (C. and W. M., November, 1943, Item 5 on page 273; C. and W. M., March, 1944, Item 5 on page 102; C. and W. M., April, 1944, current issue, Item 10 on page 214.)

The Council makes the request to delegates and alternates that they scan these items, since their reading will permit much clearer understanding of the problems, and so lay the foundation for proper action at the Annual Session.

Fee Schedule, C.M.A. Industrial Accident Commission:

Members of the Association have long been dissatisfied with the State Compensation Fund's large dividends returned on premiums to firms and citizens to whom the State Fund had sold its coverage. The Council through its special committee, has made earnest efforts to bring a proper adjustment into being. In the current issue of C. and W. M. (Item 10 on page 214) the subject receives clarifying comment. The injustice of existing rates must be done away with.

Malpractice Defense:

This year the premium rates for malpractice coverage have skyrocketed, due to one or two unfortunate experiences with x-ray apparatus. The underwriter-carriers, as a consequence, suffered losses, through court judgments, in excess of \$300,000.

A special committee of the Council will submit to the House of Delegates a report on this problem.

Osteopathy in California:

Brief comment has appeared in the printed proceedings of the Council in reference to plans under consideration, whereby some of the conflicting legal sanctions now operative in California, for licensure of nonsectarian physicians and surgeons, and osteopathic physicians and surgeons, would be remedied. For a time it appeared that progress was being made, through approval of principles submitted by the Association of American Medical Colleges and the A.M.A. Council on Medical Education. Later, because of legal phases, opposition to the proposed plans was made by the Federation of State Medical Boards of the United States. So there the matter now rests.

California and Western Medicine:

The Council, at its meeting of January 23, 1944 (as outlined in Item 12 of minutes, in C. and W. M., for March, 1944, on page 105) approved the recommendation that CALIFORNIA AND WESTERN MEDICINE should be printed in Los Angeles.

It is important for members to remember that CALIFORNIA AND WESTERN MEDICINE is the official journal of organized medicine in California, and, as such, has the responsibility of keeping members informed concerning all activities that menace medical practice and scientific medicine. Also, owing to action by the House of Delegates several years ago, that the size was limited to a

publication of 96 pages; reduced with all other publications, by 10 per cent in January, 1944, through governmental directive, in order to conserve paper for the War effort. It follows, that the number of pages for original articles is necessarily limited, and that it is impossible to provide publication for every single paper presented at an annual session, and much less so, for other papers voluntarily submitted. Contributors, then, should keep this fact in mind. The Council has placed upon the Executive Committee of the Editorial Board, and not the Editor, the responsibility of deciding, what papers shall be accepted and what manuscripts shall be released for publication elsewhere.

Annual Session:

In times such as the present, with so many activities so closely related to medical practice receiving increased recognition in newspapers and other publications, it is as important, as ever, that the continuity of annual sessions and conferences be continued. Members who are participants in the scientific programs are thus given the opportunity of conferring with colleagues, who are members of the House of Delegates; securing in that manner, a better cross section of viewpoint of the profession. Appreciation is expressed to all who are contributors in the brief two-day annual session.

The Council also wishes members of the Association to know that suggestions are welcomed at all times. The Councilors desire only to approve those plans and actions which will make for the fullest protection and advancement of the public health and a high standard medical profession.

Respectfully submitted,

THE COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION,
PHILIP K. GILMAN, *Chairman*.

REPORT OF THE PRESIDENT OF THE TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION

To the President and the House of Delegates:

The Trustees of the California Medical Association, whose members are the members of the Association council, acts as trustee of funds and property obtained from the Association or from other sources. During the past year it has held the required business meetings and has transacted its necessary business in an orderly manner. The report of its financial affairs at the close of 1943 is printed elsewhere under the report of the Association treasurer.

As president of the Trustees of the California Medical Association, it has been my privilege to conduct the necessary meetings during the year.

Respectfully submitted,

P. K. GILMAN, *President*.

REPORT OF THE SECRETARY-TREASURER

To the President and the House of Delegates:

In accordance with past custom, your Secretary-Treasurer submits his report under two subheadings: (1) Report of the Association Secretary, and (2) Report of the Treasurer.

I. Report of the Secretary

During the last year, in his various functions as Secretary of the following bodies: the House of Delegates, the Council, the Executive Committee, the Committee on Postgraduate Activities, and also as Chairman of the Committee on Scientific Work that is in charge of preparation of Annual Session programs, your Association Secretary has prepared the agenda for the various meetings, and carried out the instructions concerning actions authorized by these respective bodies.

In addition to the above, in his duties as Association Secretary, there has been the usual large amount of general correspondence and miscellaneous work. With the aid of his assistants, an effort has been made to perform these duties as efficiently and expeditiously as possible.

Since the reports of the constituted authorities and committees appear elsewhere, it is not necessary to amplify here regarding the objectives sought, or the work performed.

Thanks are extended to all who have aided, in making satisfactory, the performance of these various duties.

II. Report of the Treasurer

As stated in previous annual reports, the report of the Certified Public Accountants, Messrs. Hood and Strong, which follows, gives a survey of income and expenditures, regarding:

(1) California Medical Association activities, both as based on income from dues and current maintenance and administrative expenses; and also

(2) On the reserve funds held by the "Trustees of the California Medical Association," (a nonprofit corporation composed of the year-by-year general officers, who function as a holding company for the California Medical Association, all under the corporate laws of the State).

At last year's Annual Session, the Executive Committee recommended to the House of Delegates that the report of the Certified Public Accountants be printed in full, to permit the component county societies and all members who may be interested, to better orient themselves concerning the resources of the California Medical Association, its income and expenditures. The request was favorably acted upon by the House of Delegates, and the full report is here appended.

Additional information on any points, that may be obscure, is available at the headquarters' office of the Association.

Respectfully submitted,

GEORGE H. KRESS, *Secretary-Treasurer*.

* * *

Report of the Certified Public Accountants, Hood and Strong, San Francisco, follows:

Report of Examination

I. California Medical Association and of

II. Trustees of the California Medical Association (A Corporation)

San Francisco, California
December 31, 1943

HOOD AND STRONG

CERTIFIED PUBLIC ACCOUNTANTS
SAN FRANCISCO

I

California Medical Association

January 17, 1944.

CALIFORNIA MEDICAL ASSOCIATION,
San Francisco, California.

Dear Sirs:

Pursuant to your instructions, and following upon our similar attention for previous years, we have made an examination of the accounts and records of CALIFORNIA MEDICAL ASSOCIATION for the year ended December 31, 1943, and present hereinafter the following statements:

*California Medical Association and Trustees of the
California Medical Association (a Corporation)—
Combined Comparative Balance Sheet—December
31, 1943 and December 31, 1942
California Medical Association:—
Balance Sheet—December 31, 1943*

Statement of Income and Expenditure—Comparative for Years Ended December 31, 1943 and December 31, 1942

Expenditure—Comparative for Years Ended December 31, 1943 and December 31, 1942

We have also made an examination of the accounts of the Trustees of the California Medical Association, a non-profit corporation, and have rendered a separate report thereon.

The following comments are submitted in amplification of the various items appearing in the statements herein submitted, and indicate, generally, the scope of our examination:

COMBINED COMPARATIVE BALANCE SHEET
DECEMBER 31, 1943 AND DECEMBER 31, 1942

CALIFORNIA MEDICAL ASSOCIATION AND TRUSTEES OF THE
CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)

This statement exhibits, in condensed form, the combined assets and liabilities of both organizations. The assets and liabilities of the California Medical Association will be discussed in detail hereinafter, and separate report is being presented as to the assets and liabilities of the Trustees of the California Medical Association (a corporation).

BALANCE SHEET—DECEMBER 31, 1943
CALIFORNIA MEDICAL ASSOCIATION

* * *

ASSETS

CASH—\$41,271.98:

We verified the amount on deposit in bank from the basis of confirmation received directly by us from the depository. The petty cash fund was counted.

ACCOUNTS RECEIVABLE—\$1,890.89:

These consist of "Journal" advertisers, in amount \$2,390.89, less a reserve which has been provided for doubtful accounts in amount \$500.00. These accounts are considered to be collectible in the ordinary course of business. We examined accounts totaling the above sum, but we did not verify the amounts by direct correspondence with individual debtors.

NOTE RECEIVABLE—\$39,300.00:

This represents loans to California Physicians' Service in prior years, which have been renewed in one note dated May 3, 1943, due in three years, without interest. This note was verified by inspection.

TRUST FUNDS—\$7,373.36:

These consist of the Morris Herzstein Bequest Fund of \$1,848.86 and the Benevolence Fund of \$5,524.50. The changes in the Morris Herzstein Bequest Fund during the year were as follows:

Balance, January 1, 1943.....\$1,155.49
Income 693.37

Balance, December 31, 1943.....\$1,848.86

The income was verified from a photostatic copy of a statement of receipts and disbursements prepared by the Trustee, as to Trust Income, and from savings bank pass books as to interest.

The changes in the Benevolence Fund during the year were as follows:

Balance, January 1, 1943.....\$2,141.50
Add, Transfer from Commercial Account, as
authorized by Council Meeting, June 9, 1943. 5,329.00

\$7,470.50

Less Disbursements 1,946.00

Balance, December 31, 1943.....\$5,524.50

We verified the disbursements from the basis of canceled checks, and the balance was confirmed directly to us by the bank.

DEFERRED CHARGES—\$790.84:

Details of this asset appear on the Balance Sheet and call for no further comment. In our opinion, they are correctly stated.

* * *

LIABILITIES

ACCOUNTS PAYABLE—\$18,660.27:

The composition of this item appears on the Balance Sheet. The amount due to the Trustees of the California Medical Association is in agreement with the accounts of that Association.

CALIFORNIA MEDICAL ASSOCIATION AND TRUSTEES OF THE
CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)
San Francisco, California

COMBINED COMPARATIVE BALANCE SHEET

	TRUSTEES OF THE			COMBINED	COMBINED	
	CALIFORNIA	CALIFORNIA		DECEMBER	DECEMBER	INCREASE
	MEDICAL	MEDICAL	ELIMINATIONS	31, 1943	31, 1942	Decrease
	ASSOCIATION	ASSOCIATION				
ASSETS						
Cash	\$41,271.98	\$ 7,860.14		\$ 49,132.12	\$ 38,765.25	\$10,366.87
Marketable Securities		72,270.05		72,270.05	42,129.42	30,140.63
Due from California Medical Association		16,303.07	\$16,303.07			
Accounts Receivable	1,890.89			1,890.89	1,629.36	261.53
Endowment Fund		255.60		255.60	252.44	3.16
Benevolence Fund	5,524.50	5,431.20		10,955.70	6,510.80	4,444.90
Trust Fund	1,848.86	50,859.92		52,708.78	50,863.49	1,845.29
Furniture, Equipment, etc.....	1.00			1.00	1.00	
Deferred Charges	790.84			790.84	891.37	100.53
Note Receivable	39,300.00			39,300.00	39,300.00	
	<u>\$90,628.07</u>	<u>\$152,979.98</u>	<u>\$16,303.07</u>	<u>\$227,304.98</u>	<u>\$180,343.13</u>	<u>\$46,961.85</u>
LIABILITIES, RESERVES AND SURPLUS						
Due to the Trustees of the California						
Medical Association	\$16,303.07		\$16,303.07			
Other Accounts Payable.....	2,357.20	62.50		\$ 2,419.70	\$ 2,097.65	\$ 322.05
Members' Contribution to Endowment						
Fund		255.60		255.60	252.44	3.16
Benevolence Fund	5,524.50	5,431.20		10,955.70	6,510.80	4,444.90
Deferred Income	1,540.00			1,540.00	60.00	1,480.00
Trust Accounts	1,848.86	50,859.92		52,708.78	50,863.49	1,845.29
Reserve	39,300.00			39,300.00	39,300.00	
Surplus	23,754.44	96,370.76		120,125.20	81,258.75	38,866.45
	<u>\$90,628.07</u>	<u>\$152,979.98</u>	<u>\$16,303.07</u>	<u>\$227,304.98</u>	<u>\$180,343.13</u>	<u>\$46,961.85</u>

All liabilities of which we have knowledge, with the exception of the small monthly bills, have been accounted.

DEFERRED INCOME—\$1,540.00:

This amount represents Dues received in advance.

TRUST ACCOUNTS—\$7,373.36:

This is a contra item to the amount of assets shown in the Balance Sheet, and has been commented on hereinabove.

RESERVE—\$39,300.00:

This item represents a provision for possible loss in the collection of the \$39,300.00 advanced to the California Physicians' Service.

SURPLUS—\$23,754.44:

This is the amount by which the total assets exceed total liabilities and reserve, as at December 31, 1943, and the changes during the year were as follows:

Balance, January 1, 1943.....	\$13,233.07
Add Excess of Receipts over Disbursements for the year ended December 31, 1943.....	36,987.51
Balance, December 31, 1943.....	<u>\$23,754.44</u>

* * *

STATEMENT OF INCOME AND EXPENDITURE

There is exhibited in this statement the income and expenditure for the years 1943 and 1942, together with increase or decrease in each item.

As to membership dues, this income was checked by us to the statement of remittances sent in by the County Societies, and further verified by direct correspondence with several of the County Societies selected by us at random, asking them to confirm directly to us the amount remitted by them. The income so checked was verified to have been deposited in banks. From the basis of our examination, and from replies received from the County Societies, we are satisfied that dues are being properly received and accounted, although, as understood by you, we made no attempt to check the dues to the membership cards on file.

Income from advertisements in the "Journal" was tested by us to advertisements appearing in the December 31, 1943, issue of that periodical.

Expenditures were verified from canceled checks and by inspection of vouchers where necessary. Minutes of the meetings of the Council, Trustees, etc., were reviewed by us for authorization of the larger expenditures.

It will be noted that there was an increase of \$46,516.90 in net receipts for 1943 over 1942. This is caused primarily by an increase in dues and by a reduction in expenditure for scientific, education and public relations, the latter item being caused by no expenditure in 1943 to promote the Basic Science Law, as against the large expenditure for this purpose in 1942.

At the end of 1942 there were two special funds which do not exist at this time; one was the Basic Science Law Fund, and the other was the Special Assessment Fund. Details of the changes in these funds during the year are as follows:—

Basic Science Law Fund:

Balance, January 1, 1943	\$10.01
Returned to California Medical Association.....	10.01
Balance	<u>Nil</u>

Special Assessment Fund:

Balance, January 1, 1943.....	\$899.39
Expenditures during 1943.....	899.39
Public Relations and Legislation.....	\$897.89
Sun Advertising Company.....	1.50
Balance	<u>Nil</u>

Very truly yours,

HOOD AND STRONG.

CALIFORNIA MEDICAL ASSOCIATION San Francisco, California

BALANCE SHEET December 31, 1943

* * *

ASSETS

Cash	\$41,271.98
On Deposit	\$41,228.38
Commercial Accounts ..	\$11,315.87
Savings Accounts ..	29,912.51
Petty Cash Fund	43.60
Accounts Receivable	1,890.89
Journal Advertisers:	
Total	2,390.89
Less Reserve for Doubtful Accounts ..	500.00
Note Receivable	39,300.00
California Physicians' Service	39,300.00
Trust Funds	7,373.36
Morris-Herzstein Bequest	1,848.86
Benevolence	5,524.50
Furniture and Fixtures—	
Nominal Value	1.00
Deferred Charges	790.84
Rent paid in advance..	274.00
Equipment for Annual Meeting	266.84
Postage	250.00
	<u>\$90,628.07</u>

LIABILITIES

Accounts Payable	13,660.27
Due to Trustees of the California Medical Association	16,303.07
Journal Production—Accrued Expense	1,732.25
Miscellaneous	624.95
Deferred Income	1,540.00
Dues Received in Advance	1,540.00
Trust Accounts	7,373.36
Unexpired balance of Income received under Herzstein Bequest ...	1,848.86
Benevolence Fund	5,524.50
Reserve	39,300.00
For Possible Loss on Loans	39,300.00
Surplus	23,754.44
Representing the amount by which the total Assets exceed the Liabilities and Reserves as of December 31, 1943 being—	
Balance, January 1, 1943	13,233.07
Add Excess of Receipts over Disbursements, Year 1943	36,987.51
	<u>90,628.07</u>

* * *

CALIFORNIA MEDICAL ASSOCIATION San Francisco, California

STATEMENT OF INCOME AND EXPENDITURE COMPARATIVE FOR YEARS ENDED DECEMBER 31, 1943 AND DECEMBER 31, 1942

INCOME	YEAR ENDED		INCREASE Decrease
	DECEMBER 31, 1943	DECEMBER 31, 1942	
DUES AND GENERAL:			
Membership Dues —			
Less portion allocated to Journal Subscriptions	\$ 85,188.13	\$ 71,447.00	\$ 13,741.13
California Medical Society—Service	600.00	600.00	
Interest Earned	272.73	479.80	\$ 207.07
Exhibitors at Annual Meeting		7,850.00	7,850.00
Reprint Sales, etc....		157.47	157.47
Miscellaneous	2.74		2.74
	<u>\$ 86,063.60</u>	<u>\$ 80,534.27</u>	<u>\$ 5,529.33</u>
OFFICIAL JOURNAL, "CALIFORNIA AND WESTERN MEDICINE":			
Advertising	\$ 28,661.05	\$ 25,651.31	\$ 3,009.84
Members' Subscriptions (Allocated from Dues)	21,771.00	21,378.00	393.00
Cash Subscriptions...	825.80	690.05	135.75
	<u>\$ 51,257.85</u>	<u>\$ 47,719.26</u>	<u>\$ 3,538.59</u>
Total Income	<u>\$137,321.45</u>	<u>\$128,253.53</u>	<u>\$ 9,067.92</u>
EXPENDITURE			
ADMINISTRATIVE	\$ 46,581.45	\$ 44,175.53	\$ 2,405.92
SCIENTIFIC, EDUCATION AND PUBLIC RELATIONS	22,929.76	66,692.33	\$ 43,762.57
OFFICIAL JOURNAL, "CALIFORNIA AND WESTERN MEDICINE"	30,822.73	26,915.06	3,907.67
Total Expenditure ...	<u>\$100,333.94</u>	<u>\$137,782.92</u>	<u>\$ 37,448.98</u>
EXCESS OF RECEIPTS OVER EXPENDITURE			
	\$ 36,987.51	\$ 9,529.39	\$ 46,516.90

CALIFORNIA MEDICAL ASSOCIATION
San Francisco, California

EXPENDITURE
COMPARATIVE FOR YEARS ENDED
DECEMBER 31, 1943 AND DECEMBER 31, 1942

	YEAR ENDED		INCREASE Decrease
	DECEMBER 31, 1943	DECEMBER 31, 1942	
ADMINISTRATION:			
Salary — Association Secretary and Treas- urer	\$ 3,600.00	\$ 3,600.00	
Salary — Executive Secretary	7,366.67	6,600.00	\$ 766.67
Salaries—Clerical ...	7,641.16	7,162.98	478.18
Travel Expense:			
Secretary	521.29	208.58	312.71
Officers	81.58	304.19	222.61
Council	3,206.52	3,423.32	216.80
Executive Committee	126.73	82.95	43.78
A.M.A. Delegates ..	1,865.28	1,747.80	117.48
Taxes—Payroll	272.88	520.08	247.20
Secretaries' Conference		982.12	982.12
Annual Meeting Ex- pense	5,873.06	6,466.54	593.48
Legal Expense:			
Retainer Fee	4,000.00	4,000.00	
Other Legal Expense	1,025.65	954.53	71.12
Rent	3,288.00	3,288.00	
Office Supplies and Ex- pense	1,877.21	1,272.75	604.46
Postage	526.43	455.75	70.68
Telephone and Tele- graph	673.06	779.51	106.45
Council and Executive Committee	652.00	436.82	215.18
Equipment Expense...	189.66	203.43	13.77
Miscellaneous	2,294.27	1,686.68	607.59
Survey, California Medical Service and Hospitalization Or- ganizations	1,500.00		1,500.00
	\$ 46,581.45	\$ 44,175.53	\$ 2,405.92

SCIENTIFIC, EDUCATIONAL AND PUBLIC RELATIONS:

Contributions to Medical Libraries	2,666.00	2,850.00	184.00
Public Policy and Legislation Expense	11,201.67	3,181.04	8,020.63
Other Committee Activities	3,316.29	2,909.25	407.04
Department of Public Relations	416.80	347.33	69.47
Appropriation to Promote Basic Science			
Law		57,404.71	57,404.71
Physicians' Benevolence	5,329.00		5,329.00
	\$ 22,929.76	\$ 66,692.33	\$ 43,762.57

OFFICIAL JOURNAL—"CALIFORNIA AND WESTERN MEDICINE":

Salary—Editor	\$ 4,000.00	\$ 4,000.01	\$.01
Printing	19,411.58	15,804.18	3,607.40
Advertising Commissions	3,908.72	3,666.63	242.09
Wrapping and Mailing	1,579.03	1,491.50	87.53
Illustrations	374.35	431.37	56.92
Supplies, Expense and Office Postage	1,116.31	1,223.80	107.49
Discounts and Collection Expense	432.24	247.57	184.67
Provision for Doubtful Accounts		50.00	50.00
	\$ 30,822.73	\$ 26,915.06	\$ 3,907.67

TOTAL EXPENDITURE ... \$100,333.94 \$137,782.92 \$37,448.98

II

Trustees of the California Medical Association
(A Corporation)

Report of Examination
December 31, 1943

January 17, 1944.

Trustees of the California Medical Association
(a Corporation)
San Francisco, California.

Dear Sirs:—

Pursuant to your instructions, and following our attention for prior years, we have made an examination of your accounts for the year 1943, and upon the conclusion thereof, have prepared and present hereinafter the following statements:—

Trustees of the California Medical Association (a Corporation) and California Medical Association:—

Combined Comparative Balance Sheet—
December 31, 1943 and December 31, 1942

Trustees of the California Medical Association (a Corporation):—

Balance Sheet—December 31, 1943

Statement of Income and Expenditure—

Comparative for the Years Ended December 31, 1943 and December 31, 1942

We have also made an examination of the accounts of California Medical Association, and have rendered a separate report thereon.

The following comments are submitted in amplification of the various items appearing in the statements herein submitted, and indicate, generally, the scope of our examination:

Trustees of the California Medical Association (a Corporation) and California Medical Association

Combined Comparative Balance Sheet—

December 31, 1943 and December 31, 1942

This statement exhibits, in condensed form, the combined assets and liabilities of both organizations. The assets and liabilities of the Trustees of the California

Medical Association will be discussed in detail herein-after, and a separate report is being presented as to the assets and liabilities of the California Medical Association.

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION
(A CORPORATION)

BALANCE SHEET—DECEMBER 31, 1943

* * *

ASSETS

CASH—\$7,860.14:

This asset was verified from the basis of a certificate received by us directly from the depository.

INVESTMENTS—\$72,270.05:

This asset consists of government securities of a par value of \$72,000.00, plus accrued interest of \$270.05. Details of these securities are as follows:—

\$25,000.00 p.v. U.S. Treasury Bonds 4%	—1944/54
2,000.00 p.v. U.S. Treasury Bonds 3½%	—1943/45
5,000.00 p.v. U.S. Treasury Bonds 3½%	—1949/52
10,000.00 p.v. U.S. Treasury Bonds 3½%	—1944/46
5,000.00 p.v. U.S. Treasury Bonds 2½%	—1964/69
10,000.00 p.v. U.S. Treasury Bonds 2½%	—1964/69
5,000.00 p.v. War Savings Bond—Series "G" 2½%	—12 yrs.
10,000.00 p.v. War Savings Bond—Series "G" 2½%	—12 yrs.

\$72,000.00

These bonds were verified by us by inspection at your safe deposit vault, in the presence of Drs. Gilman, Kress and Mr. Hunton.

DUE FROM CALIFORNIA MEDICAL ASSOCIATION—
\$16,303.07:

This amount is in agreement with the records of that Association and was verified by our audit of its accounts.

ENDOWMENT FUND—\$255.60:

The only change in this account during the year 1943 was the addition of savings bank interest of \$3.16. The balance was confirmed directly to us by the Bank of America, N. T. & S. A. This amount is offset by a like amount under "Liabilities and Surplus."

BENEVOLENCE FUND—HELD IN SAVINGS ACCOUNT—\$5,431.20:

This amount represents monies in trust for the California Medical Association. The account was started in 1942 in conformity with the minutes of the California Medical Association. This fund is offset by a like amount under "Liabilities and Surplus."

The changes in this fund during the year were as follows:—

Balance, January 1, 1943.....	\$4,369.30
Additions during year.....	1,061.90
County Woman's Auxiliary Donation.....	\$35.00
State Woman's Auxiliary Donation.....	\$65.00
Miscellaneous Donation.....	15.00
Interest on Savings Account.....	46.90

Balance, December 31, 1943..... \$5,431.20

TRUST FUND—\$50,859.92:

The analysis of this fund is as follows:—

Savings Accounts	\$13,616.68
Wells Fargo Bank & Union Trust Co.	\$7,003.04
American Trust Company.....	6,613.64
U. S. Government Securities.....	37,000.00
Accrued Interest to Dec. 31, 1943...	180.74
Due from Trustees of the California Medical Association.....	62.50
	<u>\$50,859.92</u>

Amounts on deposit were verified by us by direct confirmation from the depository. The United States Government securities consist of the following:—

\$ 2,000.00 p.v. U.S. Treasury Bonds 3½%	—1944/46
5,000.00 p.v. U.S. Treasury Bonds 2½%	—1945/47
10,000.00 p.v. U.S. Treasury Bonds 2½%	—1949/53
10,000.00 p.v. U.S. Treasury Bonds 2½%	—Mar. 15, 1948
5,000.00 p.v. U.S. Treasury Bonds 2½%	—Dec. 15, 1945
5,000.00 p.v. War Savings Bond—Series "G" 2½%	—12 yrs.

\$37,000.00

These bonds were inspected by us at your safe deposit vault in the presence of Drs. Gilman, Kress and Mr. Hunton. We understand that this fund is an Indemnity Defense Fund and is offset by a like amount under "Liabilities and Surplus." The trustees have taken out

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)
AND CALIFORNIA MEDICAL ASSOCIATION
San Francisco, California

COMBINED COMPARATIVE BALANCE SHEET

	TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION	CALIFORNIA MEDICAL ASSOCIATION	ELIMINATION	COMBINED DECEMBER 31, 1943	COMBINED DECEMBER 31, 1942	INCREASE Decrease
ASSETS						
Cash	\$ 7,860.14	\$41,271.98		\$ 49,132.12	\$ 38,765.25	\$10,366.87
Marketable Securities	72,270.05			72,270.05	42,129.42	30,140.63
Due from California Medical Association	16,303.07		\$16,303.07			
Accounts Receivable		1,890.89		1,890.89	1,629.36	261.53
Endowment Fund	255.60			255.60	252.44	3.16
Benevolence Fund	5,431.20	5,524.50		10,955.70	6,510.80	4,444.90
Trust Fund	50,859.92	1,848.86		52,708.78	50,863.49	1,845.29
Furniture and Equipment		1.00		1.00	1.00	
Deferred Charges		790.84		790.84	891.37	100.53
Note Receivable		39,300.00		39,300.00	39,300.00	
	<u>\$152,979.98</u>	<u>\$90,628.07</u>	<u>\$16,303.07</u>	<u>\$227,304.98</u>	<u>\$180,343.13</u>	<u>\$46,961.85</u>
LIABILITIES, RESERVES AND SURPLUS						
Due to the Trustees of the California Medical Association		16,303.07	\$16,303.07			
Other Accounts Payable	62.50	2,357.20		\$ 2,419.70	\$ 2,097.65	\$ 322.05
Members' Contribution to Endowment Fund	255.60			255.60	252.44	3.16
Benevolence Fund	5,431.20	5,524.50		10,955.70	6,510.80	4,444.90
Deferred Income		1,540.00		1,540.00	60.00	1,480.00
Trust Accounts	50,859.92	1,848.86		52,708.78	50,863.49	1,845.29
Reserves		39,300.00		39,300.00	39,300.00	
Surplus	96,370.76	23,754.44		120,125.20	81,258.75	38,866.45
	<u>\$152,979.98</u>	<u>\$90,628.07</u>	<u>\$16,303.07</u>	<u>\$227,304.98</u>	<u>\$180,343.13</u>	<u>\$46,961.85</u>

a malpractice liability policy with Underwriters at Lloyds to protect them against any liability of this fund to the extent of \$5,000.00 for any one case, or a total of \$46,000.00. This policy is written for a five year term, expiring January 15, 1945.

The changes in this fund during the year were as follows:—

Balance, January 1, 1943.....	\$49,708.00
Additions during 1943.....	1,151.92
Interest on Bonds.....	\$1,008.75
Savings Bank Interest.....	143.17
Balance, December 31, 1943.....	\$50,859.92

LIABILITIES AND SURPLUS

MEMBERS' CONTRIBUTION TO ENDOWMENT FUND—\$255.60:

TRUST ACCOUNT—\$50,859.92:

BENEVOLENCE ACCOUNT—\$5,431.20:

These items are contra to the same funds shown under the assets, and have been discussed in detail hereinabove. DUE TO INDEMNITY TRUST FUND—\$62.50:

This represents income received by the Trustees belonging to the Indemnity Trust Fund which will be transferred to the Trust Fund in 1944.

SURPLUS—\$96,370.76:

Details of the Surplus appear on the Balance Sheet and call for no further comment. The only change during the year was the addition of the net income for the year.

STATEMENT OF INCOME AND EXPENDITURE

We have exhibited income and expenditure in this statement in comparative form for the years 1943 and 1942, together with increase or decrease in each item, and have satisfied ourselves that all income has been correctly accounted and that expenditures are proper.

Very truly yours,

HOOD AND STRONG.

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION) San Francisco, California

BALANCE SHEET DECEMBER 31, 1943

ASSETS		
CASH		\$ 7,860.14
On Deposit—Bank of America, N.T.&S.A.:		
Commercial Account.....	\$ 337.71	
Savings Account.....	7,522.43	
INVESTMENTS		72,270.05
U. S. Government Securities	72,000.00	
Accrued Interest.....	270.05	
DUE FROM CALIFORNIA MEDICAL ASSOCIATION		16,303.07
ENDOWMENT FUND—HELD IN SAVINGS ACCOUNT.....		255.60
BENEVOLENCE FUND—HELD IN SAVINGS ACCOUNT.....		5,431.20
TRUST FUND		50,859.92
Savings Accounts	13,616.68	
Wells Fargo Bank & Union Trust Co.	\$7,003.04	
American Trust Co.	6,613.64	
U. S. Government Securities	37,000.00	
Accrued Interest to December 31, 1943.....	180.74	
Due from Trustees of the California Medical Association	62.50	\$152,979.98

LIABILITIES AND SURPLUS

MEMBERS' CONTRIBUTION TO ENDOWMENT FUND..	255.60
---	--------

TRUST ACCOUNT	50,859.92	
BENEVOLENCE ACCOUNT.....	5,431.20	
DUE TO INDEMNITY TRUST FUND	62.50	56,609.22
SURPLUS		96,370.76
Representing the amount by which the total Assets exceed the Liabilities as of December 31, 1943, being—		
Contributed Surplus received from California Medical Association	75,000.00	
Earned Surplus	21,370.76	
Balance, January 1, 1943	19,491.82	
Net Income, Year 1943	1,878.94	152,979.98

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION) San Francisco, California

STATEMENT OF INCOME AND EXPENDITURE COMPARATIVE FOR THE YEARS ENDED DECEMBER 31, 1943 AND DECEMBER 31, 1942

	YEAR ENDED		INCREASE Decrease
	DECEMBER 31, 1943	DECEMBER 31, 1942	
INCOME:			
Interest on Bonds.....	\$1,967.62	\$1,546.25	\$421.37
Interest on Savings Accounts	69.17	106.24	37.07
	\$2,036.79	\$1,652.49	\$384.30
EXPENSE:			
Audit Fee	126.00	130.00	4.00
Miscellaneous	31.85	56.00	24.15
	\$ 157.85	\$ 186.00	\$ 28.15
NET INCOME	\$1,878.94	\$1,466.49	\$412.45

REPORT OF THE EXECUTIVE SECRETARY

To the President and the House of Delegates:

Your Executive Secretary submits the following report for the calendar year 1943:

1. *General.* The Association office has been well maintained during the year, with regular duties and special orders of the Council carried out as expeditiously as possible. The office staff of four assistants has performed in an exceptionally fine manner and should be complimented on a fine spirit of coöperation. Office equipment has required careful maintenance during the year, particularly the typewriters, which cannot be replaced under existing priority regulations. Provision has been made in the budget for 1945 for the purchase of added equipment, provided such items are available by that time. During 1943 it was possible to acquire one used card filing cabinet to accommodate the ever-increasing membership records.

2. *Financial.* The Association operated profitably for the year, the auditor's figures showing a surplus of \$36,987 of receipts over expenditures. This compares with a deficit of \$9,529 for 1942. At the year-end the Association showed an accumulated surplus of \$23,754, compared with a deficit of \$13,233 at the close of 1942. Comparative figures of receipts and expenditures are printed elsewhere in this issue, under the report of the Treasurer.

CALIFORNIA AND WESTERN MEDICINE was produced for the year at an out-of-pocket cost of \$1,336, compared with a similar cost of \$573 for 1942. This slight increase resulted entirely from an increase in printing costs, and

in advertising commissions paid out on an increased volume of advertising.

During 1943 the Association repaid to the Trustees of the California Medical Association a total of \$30,195, thereby reducing the loan from the Trustees to \$16,303. It is believed possible to repay this balance early in 1944.

The Trustees have invested the loan repayment from the Association in War Bonds, bringing total Government bonds in the Trustees' account to \$109,000. Of this total, \$72,000 is held clear and \$37,000 is held in trust for the Indemnity Defense Fund.

The Indemnity Defense Fund, for which the Trustees of the C. M. A. are acting as trustees, now shows \$50,860 in assets, including \$37,000 in Government bonds and \$13,860 in cash and receivables. This fund is due to be liquidated early in 1945, at which time a maximum of about \$4,000 is due to be paid to members of the fund. The balance of these assets, after payments to members, will revert to the Trustees of the C. M. A.

For 1944, financial prospects are bright. Membership dues are running somewhat ahead of estimates, and expenses are being kept within budgeted levels. The Journal should be produced, on the basis of current estimates, at a total figure within anticipated revenues.

3. *California and Western Medicine.* As noted above, your Journal showed a slightly higher out-of-pocket cost for 1943 than for 1942. For this year it is necessary to reduce the number of pages printed, in order to comply with federal paper conservation orders. It is contemplated that a standard issue of 88 pages will be printed, with necessary additions for pre-convention and convention report numbers. The decrease in size will probably just about offset the increase in printing prices brought about by war conditions.

Starting with the April, 1944, issue, the Journal will again be printed in Los Angeles. Experience has shown, since the printing was returned from Los Angeles to San Francisco in July, 1943, that we can expect a comparable quality, better service and a lower cost by printing in Los Angeles.

Advertising revenues continue to increase and it is hoped that a large part of our increased business may be retained after the war ceases and our advertisers no longer feel compelled to promote their products in print rather than pay higher income taxes. We have tried to accommodate all legitimate advertising space requests, on the theory that the friends we make by taking care of these requirements today will continue to be our friends and customers in later years. If only a part of this hope may be realized, it is apparent that the Journal may be a comfortable source of income in normal times and may, at the same time, continue to serve the members of the Association.

4. *Annual Session.* There were no technical exhibits at the 1943 Annual Session and none are planned for 1944. This means that there is no revenue from that source and that the Annual Session is a direct cost to the Association. Every effort will be made to keep this cost to a minimum, consistent with the standards of the Association.

5. *Procurement and Assignment Service.* During 1943 your Executive Secretary has devoted a fair portion of his time to assisting in the functions of the Procurement and Assignment Service office in San Francisco. In accordance with the expressed wishes of the Council, this work naturally acts for the benefit of the profession and thus for the benefit of the Association. These efforts will be continued at the direction of the Council.

6. *Public Relations.* In his report for 1942 your Executive Secretary stressed the necessity of maintaining cordial public relations, particularly during the absence of almost one-third of the Association members in military

service. The Council has recently received the findings of a public relations survey conducted by an outstanding professional concern and is now acting to put into action some of the recommendations of that report. Members of the Association will be able to cooperate in this effort by keeping themselves informed of Council actions and decisions in this regard and by taking their own part in group activities scheduled by the Council.

In another field, California has taken the lead in assuring the establishment of a Washington information bureau to serve as a two-way nerve center for medicine. The United Public Health League was proposed in a meeting of Western State Medical Association representatives in Salt Lake City on December 11, 1943, and was made a reality at a second meeting on January 29, 1944. It is planned to open an office in Washington, D. C., early this year under the temporary charge of Mr. Ben H. Read, executive secretary of the Public Health League of California. This office will act to keep Congressmen and Government officials informed on public health matters and on the attitude of medical practitioners on various proposals and, at the same time, will keep physicians informed on various legislative and bureau programs in Washington. Agitation for such an office has grown throughout the country in the last year or two, and it is apparent that the opening of this office will serve a long-felt need. Your Executive Secretary has been named executive secretary of the United Public Health League and will do his best to keep this movement a force for the betterment of the profession and of professional standards.

7. *Conclusion.* Acknowledgment is hereby gladly given for the invaluable assistance of the President, the Chairman of the Council, the members of the Council and the officers of the county societies. Without this assistance the Executive Secretary would find his position impossible to fill, and it is a pleasure to acknowledge the help given by so many members and officers of the Association.

Respectfully submitted,

JOHN HUNTON, *Executive Secretary.*

REPORT OF THE EDITOR

To the President and the House of Delegates:

CALIFORNIA AND WESTERN MEDICINE, as the official publication of organized medicine in California, last year printed material as listed in the following summary:

Editorials	51
Editorial Comment Articles.....	22
Scientific and General (Original) Articles.....	92
Case Report Articles.....	7
Major State Association Committee Reports.....	129
Major Miscellany Departments.....	54

Toward the close of last year, publishers throughout the United States were informed the Government would demand a reduction of at least ten per cent in size of all publications; in order, through paper conservation, to promote the war effort. As a consequence, the 96 pages heretofore authorized as the ceiling size of C. and W. M. by the House of Delegates and the Council, and divided on the average between 48 pages for text and 48 for advertising matter, will be cut down to make now an 86-page publication.

Because in one sense C. and W. M. serves, primarily as the bulletin of organized medicine in California; and since, under present conditions, departments such as those of war effort, legislative and health education must receive emphasis, in order to acquaint C.M.A. members with current trends in these important relationships—it follows that the amount of space for original or scientific articles will be limited.

Through by-law provision (Chapter VII, Sections 4 and 5), it is decreed that all addresses and papers presented at annual sessions of the Association shall automatically become its property,—for possible use in C. and W. M., unless permission is granted by the constituted authorities to publish elsewhere. When the *OFFICIAL JOURNAL* came into existence in November, 1902,—at a time when the total membership was 1,073,—it was possible to print nearly all annual session papers. In recent years, however, the number of manuscripts received at annual sessions and from component county societies is far in excess of the space now available for such printing. It is important that members keep these facts in mind, since the Editorial Board, which through Council action decides what papers shall be accepted, must abide by the ceiling number of pages stipulated by the Council and the Government. The Editorial Board cannot change the rules under which it functions.

Several years ago, the size of *CALIFORNIA AND WESTERN MEDICINE* was larger than at present, and its production costs were correspondingly greater. To cut down on the costs,—and if possible, make C. and W. M. self-supporting from its advertising income,—the House of Delegates and Council set the ceiling number of pages at 96, this being now, still further reduced by Government directive. However, even though the size of *CALIFORNIA AND WESTERN MEDICINE* is thus curtailed, no hardship should result to physicians through lack of available reading matter as regards scientific topics, since the *J.A.M.A.* and the many specialty journals published by the American Medical Association and other organizations, supply an ample sufficiency of such articles.

Contributors to *CALIFORNIA AND WESTERN MEDICINE* must keep in mind that the *OFFICIAL JOURNAL* of the California Medical Association came not into existence nor is it intended to be a publication, primarily for the exposition of scientific articles, but rather, the expression of Organized Medicine in the State of California.

The great majority of members of the California Medical Association find it impossible to attend the annual sessions. However they, in like proportion as their more fortunate fellows, pay the same amount of annual dues, and are as fully entitled to their fair representation in the official publication, of which they also are part owners. Their *OFFICIAL JOURNAL* should portray to them, the transactions of the Association to which they pay their dues.

For reasons such as these, the pages of *CALIFORNIA AND WESTERN MEDICINE* cannot be limited to one geographical locality, nor dedicated to the wishes or aspirations of any one group of members, no matter how laudable or scientific their presentations.

Because, during the last year, some unfortunate experiences have been had, through misunderstanding of these basic rules, these statements are here made. The unhappy complications which have arisen, might have been altogether avoided, if the procedures in the Council's and Editorial Board's brochure on "Suggestions to Authors" and the correspondence in connection therewith, had been observed.

The Editorial Board and Editor again express their thanks to all who have submitted articles for consideration, and express the hope for continued coöperation, even though it may not always be possible to find space for all papers submitted. Appreciation is also expressed to Dr. W. H. Manwaring of Stanford, for his continued interest and aid in supplying articles for the Editorial Comment Department.

Respectfully submitted,

GEORGE H. KRESS, *Editor*.

REPORT OF LEGAL DEPARTMENT

To the President and the House of Delegates:

We present herewith, in condensed form, the report of this department for the year.

Fee Schedule in Compensation Cases.—The application of the Association for a new fee schedule was filed October 19, 1942. This application was subsequently revised and the revised proposed schedule was filed January 5, 1943, with the approval of Dr. R. W. Harbaugh, the Medical Director of the Commission.

On February 15, 1943, a public hearing was held. At this hearing it was stated, on behalf of the Association, that the present fee schedule in force since June 1, 1920, lists only 87 procedures and operations as against 543 set forth in the proposed schedule; that the existing fee schedule, in effect now for over 23 years, is inadequate and unfair to the injured employee as well as to his attending physician; that in the intervening years compensation benefits have been increased; medical practice has made great advances; that the cost of a doctor's instruments and appliances, his rent, his assistants and secretarial help, and even of his education has greatly increased; that during this interval there has been a great increase in the number of people employed, with substantial increases in wages and decreases in the rates of compensation insurance.

After taking the application under advisement, the Commission subsequently deferred action pending the possible enactment of legislation affecting the matter. A bill sponsored by labor representatives prohibiting rebates of physicians' fees under the act was amended at the suggestion of the Association's counsel to give the Commission far greater authority, and particularly to pass upon and approve agreements by insurance carriers and employers for the furnishing of medical service before such agreements could become effective. At the Association's instance, a new bill to the same effect was introduced in the Senate. Both bills encountered strong opposition from insurance companies, and, finally, labor notified the Association's representatives that it could not support these bills at that session.

In May last, in a letter to Dr. Gilman, Chairman of the Council, the chairman of the Commission stated: "If you could, as chairman of the Council of the California Medical Association, undertake some fundamental and long-range program whereby uniform rates of medical fees are demanded and adhered to by the medical profession, with the necessary machinery for disciplinary action for infraction, etc., I feel that progress could be made and our objections (to granting the application) may be largely overcome."

In response to this, the membership of the Association was canvassed by mail and between 75 per cent and 80 per cent of the members, as well as nonmember practicing physicians, signed pledge cards agreeing to adhere to the fee schedule as fixed by the Commission and to the ethics prescribed for this practice. This canvass took some months, and it was not until about the end of December that Chairman Gilman was able to notify the Commission that Mr. Scharrenberg's suggestions had been carried out.

Correspondence since this time with the Commission has concerned itself primarily with the Commission's position that the adoption of the fee schedule would have an injurious effect upon the State Fund. The Association's position is that no such result need be feared; that the well-being of the injured workman is the first consideration; that such well-being will be attained by paying fair and adequate fees, and that insurance carriers and employers as a whole will comply with the orders of the Commission. The present management of the State Fund has been entirely opposed to the medical profession.

Its viewpoint seems to be that the State Fund is an insurance carrier, and that its popularity must be maintained by returning to its assured, large portions of their premiums. There will unquestionably be developments in this matter before the annual meeting.

Legislation.—As reported last year, this department analyzed and rendered opinions on all bills introduced in the last Legislature affecting physicians, medical practice and the public health. Subsequent to the adjournment of the last session, a number of specific bills required our attention and even appearances at Sacramento. We have also, on request, made a careful analysis of the federal Wagner bill.

War-time Legal Problems.—Wage and Hour Law:—We were requested to examine the Wage and Hour Law and render opinions in connection with its operation. The Office of Price Administration also raised a problem in connection with the rationing of foods in cases of patients on restricted diets. Forms were worked out for the board in San Francisco, which have been used satisfactorily. Our attendance and advice were requested at meetings of the Procurement and Coordinating Committee regarding use of beds in county hospitals, and in connection with other problems regarding medical service for shipyard employees, etc.

County Societies.—Considerable correspondence and several conferences were held with members of the Riverside County Medical Society in connection with the county hospital there, where a difficult question was presented. We also rendered an opinion regarding a situation created at the Kaiser Fontana Plant.

Opinions were rendered to members in Visalia in connection with the operation of the Visalia Community Hospital.

Among others, an important opinion was rendered to the Los Angeles County Medical Society in connection with the publication of certain proceedings of the board of directors, trustees and a committee in relation to mutual diagnostic laboratories.

Several societies faced the question of temporary membership, on which we were consulted.

For the Placer-Sierra-Nevada County Society we drafted resolutions and other papers for the adoption of its new constitution and by-laws.

United Public Health League.—One of the most interesting pieces of work done this year was the attendance at two conferences at Salt Lake City, held by representatives of six western states, and the drafting of a constitution and by-laws for the United Public Health League and other papers and opinions in connection with the organization of this new body for the establishment of a public information bureau at Washington, D. C.

Opinions.—The general number of opinions have been prepared and issued, and we have, as usual, attended meetings of the Council, and various committee meetings and conferences throughout the year.

Respectfully submitted,

HARTLEY F. PEART, *General Counsel.*

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

Imperial, Orange, Riverside, San Bernardino, and San Diego Counties

To the President and the House of Delegates:

Medical affairs of the First District have not been so quiet this year as in previous years. There have been so many national requirements of our profession with which they have not been in sympathy, and which do not conform with the practice of medicine, that much confusion has come into being in the medical profession.

Many of the medical men are away, leaving the older men at home to carry on the increased amount of work.

All the societies have been visited and the same situation exists in all parts of the district. Too much work to do and too few men available to do it. The men at home have a dual responsibility of doing work at home and carrying on for the men who will return to their work when there is a cessation of warfare. So far as the men at home are concerned, it would make little difference to them. They would much rather not have the responsibility at this time; however, one must carry on now for the men who are in the battle fronts and will return to their homes and practice.

At this time there seems to be no relief for the men on the home front with the Murray-Wagner Bill threatening us, and all labor unions and administrative forces favoring its passage. It would look as though we were facing defeat and that the practice of medicine in the not too distant future would be unlike it has been in the past. The days of the family physician are numbered, as seen by present conditions.

It must be the thought of the men of the First District to carry on as long as it is needed. If this change in medicine is going to come, let's do what we can to keep it out of federal control, and retain it under the direction and control of the medical profession.

Respectfully submitted,

Calvert L. Emmons, *Councilor,*
First District.

SECOND COUNCILOR DISTRICT

Los Angeles County

To the President and the House of Delegates:

The activity of your Councilor from the Second District has been mainly in connection with the activities of the Council as a whole. Your Councilor served as chairman of the Committee on the Industrial Fee Schedule during the previous year, and this matter of fee schedule has since been taken over by a different committee, headed by our Councilor, Mr. Hartley Peart. The matter is still under advisement, and is progressing slowly, inasmuch as this is something which requires considerable coöperation between the Industrial Accident Commission, our own members, and the insurance carriers throughout the State. We feel that this is a very worthy work, and is ably being carried on by Mr. Peart and his fellow committeemen at this time.

Your Councilor has made several visits to subsidiary medical groups in the County of Los Angeles, and delivered several addresses on public relations activities of our organized medicine as related to those of similar nature of the American Medical Association. There have been many informal meetings, as well as set talks, and also correspondence with the Council on Industrial Health of the A.M.A.

I believe the past year has been one in which an enormous backlog of ground work has been laid for future public relations of the Medical Association, both in coöperation with the American Medical Association and as an independent group of our own. The details of this work will be reported by the chairman of the Council in his annual report. We hope that the work will continue throughout the next year, and the following years, and will blossom into something which will mean a great deal both to the present and the future of all organized medicine, and for the health of the Union.

Respectfully submitted,

Donald Cass, *Councilor,*
Second District.

THIRD COUNCILOR DISTRICT

Kern, San Luis Obispo, Santa Barbara, Ventura, and Inyo-Mono Counties

To the President and the House of Delegates:

The component societies of the Third Councilor District are all active and well organized, and things seem to be running very smoothly. Each society has been visited, except one in the outlying section of the District. Membership of all societies has been sharply reduced, but the necessary work is being handled by the physicians that remain. While it might be considered that there is a shortage of physicians, there is no acute distress from lack of medical care.

Respectfully submitted,

H. E. Henderson, *Councilor,*
Third District.

FOURTH COUNCILOR DISTRICT

Fresno, Madera, Kings, Tulare, Merced, Mariposa, Calaveras, San Joaquin, Tuolumne, and Stanislaus Counties

To the President and the House of Delegates:

Some difficulty has been found in securing speakers for the scientific programs of County Society Meetings, and it is suggested that an effort be made to combine hospital staff meetings and programs with society activities, and have papers and case reports from local members. The medical officers in the District have supplied some programs. The membership is urged to watch political developments, especially in regard to the threat of Federal Socialized Medicine, and cooperate whenever possible with the legislative and public relations activities of the C.M.A. Wholehearted support for C.P.S. and Hospital Service Groups is required, as it appears to be our most potent defense against regimented medical practice.

Our members are too busy to give the time and thought needed to problems affecting our future welfare; but we owe some effort to preserve the private practice of medicine for the many younger members in the armed forces and generations of practitioners to follow us. Let us get together on this one big issue and fight for our rights.

Respectfully submitted,

A. E. Anderson, *Councilor,*
Fourth District.

FIFTH COUNCILOR DISTRICT

Monterey, San Benito, San Mateo, Santa Cruz, and Santa Clara Counties

To the President and the House of Delegates:

It has been impossible this year, due to prevailing circumstances, to very closely service the counties of this District, but I have attempted to keep in touch with the problems to give them any assistance that I could.

The plans which are formulating in the Council are just crystalizing and that information will be given to the component counties of the Fifth District.

Respectfully submitted,

R. S. Kneeshaw, *Councilor,*
Fifth District.

SIXTH COUNCILOR DISTRICT

San Francisco County

To the President and the House of Delegates:

During the past year, the San Francisco County Medical Society has been called upon to adjust itself to increased demands for medical service in the face of diminishing membership. Numerous other problems arising out of the War have been met in satisfactory manner.

The scientific activities of the Society have been curtailed, and a greater amount of time devoted to consideration of economic factors having a bearing on the future of medicine, problems caused by increase in population, the relationship of Civilian Defense to the

Red Cross and the problem presented by increased demands for hospitalization and nursing.

The Irwin Memorial Blood Bank has continued to render its excellent service to the community and the surrounding area.

Respectfully submitted,

John W. Cline, *Councilor,*
Sixth District.

SEVENTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and the House of Delegates:

During the past year your Councilor of the Seventh District has been confronted with many problems relating to medical and hospital care due to:

(a) Sudden increase of population because of shipyard activities.

The increased population of the entire San Francisco Bay area has been about 24 per cent. The largest increases have been in the cities of Alameda and Richmond.

(b) Shortage of doctors.

Many doctors have gone into the Military Service, which in normal times, without increased population, would have made medical service inadequate to the general public. Doctors who are not eligible for military service have been brought into various communities in this District, which has only partially solved the situation. C.P.S. has employed doctors on salaries, which has solved the problem in some cases, but not in others. The Kaiser Shipyards in Richmond have their own Emergency Hospital and First Aid Stations employing salaried physicians.

(c) Shortage of hospital beds.

There are plenty of beds available for indigents in the Alameda County Hospital but, notwithstanding, contrary to reports, there is a shortage of private hospital beds.

A little over one year ago several hospitals in the East Bay Area, which are in the business of supplying beds to the public, were denied priorities for additions of a temporary nature, while Permanente Hospital in Oakland was granted priorities (the first part of the year) to build a permanent addition with taxpayers money.

All classes of people should have adequate medical and hospital service; that is why so many people favor some kind of socialized medicine. I sincerely hope that the committee working on the Mannix recommendations will find an early solution to the most urgent problem ever confronting the medical profession.

Respectfully submitted,

Lloyd E. Kindall, *Councilor,*
Seventh District.

EIGHTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo, and Yuba Counties

To the President and the House of Delegates:

During the past year the annual visit of officials of the C.M.A. to the various county medical societies has been omitted, due to transportation restrictions and other wartime curtailments. Unfortunately, also, county medical society programs have been difficult to arrange, and meetings have been poorly attended because of overwork on the part of the physicians and the excessive distance necessary to travel in order to attend meetings in this District. Physicians in military service have arranged many interesting and scientific programs for county medical societies during the past year.

Close contact has been maintained between county medical societies and the various army camps located nearby, to the mutual advantage of both military and civilian physicians.

The physicians in this district, in spite of their greatly increased duties, have remained alert to the numerous attempts by outside influences to change the present methods of medical practice. A continuation of this attitude is essential in order to maintain medical standards, and to prevent the encroachment of bureaucratic control.

Respectfully submitted,

Frank A. MacDonald, *Councilor*,
Eighth District.

NINTH COUNCILOR DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties

To the President and the House of Delegates:

An ever-increasing stream of patients has kept your Councilor so busy that time has not allowed visits to all the County Societies in the District. However, reports of the activities of the Council of the California Medical Association have been mailed from my office to Mendocino-Lake, Siskiyou and Humboldt County Societies.

It has been my pleasure to be present in person at meetings of Solano, Napa, Marin and Sonoma Counties more than once during 1943. These Counties are nearby. In Solano County every effort has been made to further the usefulness of California Physicians' Service in the Housing Units, and it can now be authoritatively stated that California Physicians' Service is successful here, and a unit value of \$2.50 has been maintained for October, November, December, 1943 and January, 1944.

It has been a privilege, and most educational for me, to have been able to attend most of the Council meetings, and I have made every effort to make the information received available to all members of the California Medical Association in my District. I am proud of the present success of California Physicians' Service in Solano County.

Respectfully submitted,

John W. Green, *Councilor*,
Ninth District.

REPORTS OF COUNCILORS-AT-LARGE

To the President and the House of Delegates:

As a Councilor-at-Large of the California Medical Association, I have attended all of the Council meetings save one to date.

During the past year many things of importance have transpired, and as your Councilor-at-Large I have tried to take an active and constructive part in the discussion of the problems as they have arisen.

The work of the Council this year has been heavy and of necessity has taken much time, but I believe that the work done and accomplished will make itself shown in the future conduct of the California Medical Association and associated groups, and likewise, I believe, will receive the approbation of many of our confreres who are in the Armed Services.

Respectfully submitted,

Edwin L. Bruck, *Councilor-at-Large*.

To the President and the House of Delegates:

It has been my privilege to attend all of the Council meetings in the past year, and to keep the members in my locality informed of the problems facing the Association and its membership. To me, the past year has brought many interesting developments, and, with the steps that have been taken, it is to be hoped that gratifying accomplishment will follow.

Respectfully submitted,

Edward B. Dewey, *Councilor-at-Large*.

To the President and the House of Delegates:

As one of the six Councilors-at-Large, I have attended every meeting of the Council in the past year, and have carried out my assignment as Chairman of the Council and a member of various committees appointed by the Council. Although on active duty with United States Navy, I have continued to be stationed in San Francisco, where I have been able to attend to my obligations as a Councilor, a situation which has been made possible by the generosity of my superior officers.

Respectfully submitted,

P. K. Gilman, *Councilor-at-Large*.

To the President and the House of Delegates:

As one of your Councilors-at-Large, I have attended all regular and special meetings of the Council during the year; have visited the majority of the component societies in the First District; and have endeavored to promote coöperation among the organized groups of the District.

Respectfully submitted,

S. J. McClendon, *Councilor-at-Large*.

To the President and the House of Delegates:

During the last year I have attended all the meetings of the Council, except one, when illness prevented. Orientation of the profession to the changing perspective of the practice of medicine has been the major problem of the year. The bogey of some federal scheme of medical practice is an ever-present danger. I believe every member of the Council is keenly alert to this danger and is fulfilling his obligation to the profession by his diligence.

Respectfully submitted,

E. Earl Moody, *Councilor-at-Large*.

To the President and the House of Delegates:

During the past year, in my function as Councilor-at-Large, I have endeavored at all times to consider most carefully the many important problems that have presented themselves for decision, and to arrive at a solution that would be for the best interests of the medical profession as a whole.

I have kept my own San Joaquin County Society fully informed as to the problems of organized medicine and legislative activities, and have, as well, reported on the progress and scope of the California Physicians' Service.

It has been a pleasure to coöperate with the secretary-editor, Dr. George H. Kress, and the executive secretary, Mr. John Hunton, and the members of the Council in their sincere endeavor to wisely solve the many problems before us.

Respectfully submitted,

Dewey R. Powell, *Councilor-at-Large*.

Regarding Reservations

Members are reminded to make all reservations promptly.

This advice applies to the following:

- (a) Rail or Air-Way Transportation Reservations.
- (b) Hotel Reservations.
- (c) Reservations for "Dinner to the President."

REPORTS OF SPECIAL AND STANDING COMMITTEES

EXECUTIVE COMMITTEE

Executive Group

John W. Cline, Chairman
 Karl L. Schaupp, President
 Lowell S. Goin, President-Elect
 E. Vincent Askey, Speaker, House of Delegates
 Philip K. Gilman, Chairman of the Council
 John W. Cline, Chairman, Auditing Committee
 William R. Molony, Sr., Past-President
 George H. Kress, Secretary-Treasurer and Editor

To the President and the House of Delegates:

The Executive Committee has met in part or in whole a number of times during the past year. In the intervals between Council meetings, it has transacted important business for the Council. When only a portion of the membership was present, the remaining members have been informed of actions by mail and their opinions and votes solicited.

All acts of the Executive Committee have been reviewed by the Council, and these actions and their approval have been published in the minutes of the Council.

Respectfully submitted,

John W. Cline, *Chairman.*

AUDITING COMMITTEE

Executive Group

John W. Cline, Chairman, 1944
 Edwin L. Bruck, 1944 Lloyd E. Kindall, 1944

To the President and the House of Delegates:

The Auditing Committee has performed the functions laid down in the by-laws. The professional audit of the Association books showed them to have been accurately kept, and the Committee has submitted its recommendations for the 1945 budget.

Respectfully submitted,

John W. Cline, *Chairman.*

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Executive Group

Dwight H. Murray, Chairman, 1944
 Anthony B. Diepenbrock, 1945 Edmund T. Remmen, 1946
 Karl L. Schaupp, ex officio Lowell S. Goin, ex officio

To the President and the House of Delegates:

The Committee on Public Policy and Legislation holds no formal meetings, but functions practically every day in the year. It maintains a constant contact with the Public Health League of California, which attends to actual legislative matters, with our advice, assistance and instructions. Mr. Ben H. Read, executive secretary of the Public Health League of California, has, as usual, handled our affairs in a most creditable fashion.

The 1943 legislative session at Sacramento saw the usual number and variety of bills introduced with some bearing on public health or the practice of medicine. Of 3,397 bills introduced in the session, 334 had some public health implications. Your committee introduced no bills of its own, but acted in favor of some measures and in opposition to others. While not all of the bills we favored were actually passed, it is comforting to report that every one of the twenty-seven bills we opposed was defeated. Thus, while we did not gain all that we favored, we saw twenty-four out of thirty-nine favorable bills adopted, while another eight were lost and seven were dropped by

the original sponsors. This record is in keeping with past reports and represents the respect in which our Sacramento contacts are held.

As to The United Public Health League, the organization was formed out of two meetings held in Salt Lake City, Utah, on December 11, 1943, and January 29, 1944. Representatives from the eleven Western State Medical Associations were invited to these meetings, and six states were represented by officers or legislative chairmen at each meeting. Out of these conferences there has been formed The United Public Health League, the avowed purpose of which is to establish in Washington, D. C., an information bureau with the two-way function of gathering and disseminating information of importance both to government officials and to medicine. This bureau is to function for the benefit of the state medical associations and other groups which maintain membership in the League. Under the terms of the Statement of Principles adopted by the founders, the League is not to oppose any known policies of the American Medical Association and is not to act counter to the interests of the A.M.A. Its one function is to supplement the activities of the national organization in legislative matters, leaving the scientific and educational activities of the A.M.A. in its capable hands.

Your chairman has been honored by election as chairman of The United Public Health League. He has further been honored to have been included in the list of speakers at the February 13, 1944, meeting of the National Conference on Medical Service in Chicago, where he told the assembled delegates about The United Public Health League. The National Conference commended the League, but voted that the A.M.A. should properly carry out the objectives the League had proposed. Since that time the Council on Medical Service and Public Relations of the A.M.A. has voted to establish a Washington office and the A.M.A. Board of Trustees has approved this move. The United Public Health League is awaiting with interest the developments by the Council on Medical Service and Public Relations, and is hopeful that this newly-adopted program may be beneficial to the physicians of California and all other States.

Respectfully submitted,

Dwight H. Murray, *Chairman.*

REPORT OF COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Executive Group

John V. Barrow, Chairman, 1946
 Edwin L. Bruck, 1944 Clarence E. Rees, 1945

To the President and the House of Delegates:

The opportunity to assist Associated Societies and Technical Groups during the past year has been about as usual. Each member has used his individual time and attention to aid the Nurses Association, the Hospital Association and the Hospital Committees from our respective county medical groups. The Physicians' Aid Association has received a great deal of our attention. Each county has been made more conscious of the present need and the possible future need from unfortunate members of the Association all over the State. The county probably in greatest need has been that of Los Angeles. It has been our greatest pleasure to see an enormous impetus toward permanent care for this group of our fellow practitioners and their individual families. The

State Association has been faithful to its charge in extending its help, and it is with pride that we can assure the Association of the fine work and spirit of each individual, and each committee in handling this Physicians' Aid. The full report of this work will be interesting knowledge to the Association and its officers when the latter make their full report to the Council.

Each one of the Committee has been called upon to assist in every way possible in the hospital situation, as it has been involved with federal insurance and individual propositions for more hospital beds.

We have acted to our best ability on the Advisory Committee on the State Nurses Association, and have tried to direct our opinions in harmony with policies of the Council and House of Delegates. We believe the coming year will see great activity in the education of technical workers. We believe there will be much need for solid advice to the Nurses Associations and to hospital staffs.

The Committee is anxious to carry out any further work entrusted to it by the Council.

Respectfully submitted,

John V. Barrow, *Chairman.*

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Executive Group

John C. Ruddock, *Chairman*, 1944

C. M. Burchfield, 1945

J. C. Gelger, 1946

To the President and the House of Delegates:

The members of the Committee on Health and Public Instruction have held no regular formal meetings during the past year.

Your chairman is on active duty in the U. S. Navy and is assigned to duty with the Naval Officer Procurement program in the 11th Naval District. He has been and is closely associated with the Procurement and Assignment Service in the obtaining of physicians for military duty. The need for physicians in the military service at this time is urgent. Approximately some 700 physicians, between the ages of 18-38, in this State have been deferred because of industrial positions. The need of the armed forces for physicians is paramount, and it is the opinion of the Chairman of the Committee that organized medicine should recognize the needs of filling the quota from California with doctors within the military age group. The failure to meet this challenge by organized medicine could result in the complete regimentation of the practice of medicine. It is recommended that the House of Delegates enact such legislation or pass such measures that will assist the Procurement and Assignment Chairman of the State of California in releasing young doctors of military age from a so-called "essential position," that he may be made available to the armed forces. There should be no place in organized medicine for a young doctor who avoids military service because of lack of patriotism or greed.

Two matters of importance have been reported to the Chairman of the Committee by the Secretary of the California Medical Association during the year 1943:

Special Tuberculosis Committee: At the request of the American College of Chest Surgeons, a special subcommittee on tuberculosis has been appointed. This committee is as follows: Robert A. Peers, *Chairman*, Colfax; Harry Warren, *California Sanatorium*, Belmont; E. W. Hayes, 129 N. Canyon Drive, *Monrovia*; F. M. Pottinger, Sr., 1930 Wilshire Blvd., *Los Angeles*; Steven A. Parowski, 2529 Fourth Avenue, *San Diego*.

The work of this committee will be in conformance

with the request of the American College of Chest Physicians. Their report, when submitted, will be given out through the Secretary of the American College of Medicine.

Liaison with the California State Bar Association With Regard to Solving the Problem of Prostitution and Delinquency as It Affects the Venereal Disease Control Program as Outlined by the Surgeon-General of the U. S. Public Health Service:

Your Chairman has met with Mr. Michael P. Shannon, chairman of the Southern California Section of the California State Bar Association, of the Committee to Investigate the Administration of Criminal Justice. This matter was referred to this committee by the Board of Governors of the State Bar Association.

A communication on January 8, 1943, from the Surgeon-General to the Secretary of the California Medical Association, suggested that a meeting should be held in order to formulate suggestions and recommendations for a coordinated effort of venereal disease control by the Medical Profession and the State Bar Association. Your Chairman was selected by the Council of the California Medical Association for this meeting. All matters pertaining to venereal disease control were thoroughly discussed and the following agreements were made:

The Chairman, Mr. Michael F. Shannon, agrees to make the following recommendations to the California State Bar Association:

1. That the California State Bar Association recognizes the problem of venereal disease control in the State of California as regards the civilian and military personnel, and further recognizes the fact that the source of venereal disease is in the civilian population.

2. That a close liaison be maintained by the local bar association and lawyers and the public health enforcement agencies.

3. That the California State Bar Association invite the California State Medical Association to submit any recommendations for change in the present statutes or any legislation for review, in order that a coordinated, cooperative movement may be instigated for accompanying such changes.

4. That, the California State Bar Association will review, after receiving such problems, the various statutes as pertained to venereal disease control towards affecting such changes as will solve the prostitution and delinquency problems affecting this program. It is suggested that the Council of the California Medical Association instigate, through the office of the Secretary, such recommendations as would enable the completion of such a liaison between the California Medical Association and the California Bar Association.

Respectfully submitted,

John C. Ruddock, *Chairman.*

COMMITTEE ON HISTORY AND OBITUARIES

Executive Group

Morton R. Gibbons, Sr., *Chairman*, 1944

Robert A. Peers, 1945

Hyman Miller, 1946

George H. Kress, *ex officio*

To the President and the House of Delegates:

The second full year of war found an ever-increasing call upon members of the medical profession for service in the armed forces, on land and sea, in far countries and home ports.

Medical School graduates go almost automatically, and immediately, into the service of Army or Navy, without opportunity of becoming established as members of County Medical Societies or the State Association. They nevertheless must not be overlooked when the time comes

to prepare a history of the service of the profession in this war. The Committee on History and Obituaries must rely upon County Medical Societies to collect data on the personal experiences of these young physicians who hold residence in their counties, as well as similar material anent the services of members.

Our Committee looks to the historians of County Societies to produce a file of correspondence, clippings, and reports of personal experiences; in short, all information which will be of value to the California Medical Association in preparing an adequate compilation and history of the service of the medical profession during these critical years—service on the home front as well as in the armed forces.

A list of the members who have died during the past year is appended. California and Western Medicine has published suitable obituaries in commemoration of many of these.

Respectfully submitted,

Morton R. Gibbons, Sr., *Chairman.*

In Memoriam

Alameda County

George Cecil Browne (January 20, 1943)
Oliver Deveta Hamlin (October 11, 1943)
Frank Roscoe Makinson (April 18, 1943)
Gurdon Potter (December 2, 1943)
William Fletcher Priestley (May 29, 1943)
John Milton Ward (October 30, 1943)

Butte-Glenn County

Thomas Hartwell Brown (May 17, 1943)

Contra Costa County

Ursa S. Abbott (November 23, 1943)

Fresno County

Carleton Mathewson (March 1, 1943)

Los Angeles County

Edwin Abraham Beard (January 4, 1943)
John Ira Boyer (February 21, 1943)
Caesar George Cahon (April 29, 1943)
Jay Henry Caldwell (February 27, 1943)
Robert Lide Carroll (June 7, 1943)
Albert Harlan Currie (April 19, 1943)
George Deacon (May 24, 1943)
Ernest William Fleming (March 7, 1943)
John Rollin French (September 28, 1943)
Leonard Harry Green (September 26, 1943)
Maurice William Gumpert (February 24, 1943)
Frank Ignatius Horn (May 6, 1943)
Verne Carlton Hunt (December 12, 1943)
J. Leon Jones (January 4, 1943)
Vincent J. Keating (July 31, 1943)
Cleve Edwin Kindall (December 12, 1943)
George Buchanan Kryder (November 18, 1943)
Harry Lloyd McCarthy (July 25, 1943)
Edward Austin McManus (June 9, 1943)
Joseph Edward Miller (September 13, 1943)
David Hubbell More (November 4, 1943)
Lewis Burrows Morton (October 19, 1943)
Aloysius E. O'Flaherty (October 7, 1943)
Francis John Pursell (September 16, 1943)
Hyman Rapaport (June 16, 1943)
Harlan Shoemaker (December 11, 1943)
Alonzo De Molnes Snyder (February 16, 1943)
Francis White Steddard (November 17, 1943)
Willard John Stone (October 30, 1943)
Arthur Peter Thompson (November 10, 1943)
Clifford Black Walker (July 3, 1943)
Avrum Herman Zeller (July 16, 1943)

Monterey County

Jonas Clark (December 31, 1943)

Napa County

Irving Eugene Charlesworth (February 28, 1943)

Orange County

Albert Emery Chase (September 15, 1943)
Dorsey Alford Harwood (July 17, 1943)
Arthur Colby Robbins (April 21, 1943)

Riverside County

William H. Chapman (August 19, 1943)
John C. King (October 21, 1943)

Sacramento County

Wilfred Francis Lowe (September 11, 1943)
Aaron Joshua Rosanoff (January 7, 1943)

San Bernardino County

Marcus Philip Hambleton (March 16, 1943)
Albert Daniel Neubert (October 29, 1943)
Samuel Benjamin Pond (July 20, 1943)
Edward Henry Risley (February 7, 1943)

San Diego County

Clarence Pennell Baxter (April 27, 1943)
Andrew Jack Hoefler (December 3, 1943)
Edgar Nelson Young (December 23, 1943)
John Henry Young (October 14, 1943)

San Francisco County

Allen Ashton Altman (April 11, 1943)
Asa Weston Collins (January 19, 1943)
Attilio H. Giannini (February 7, 1943)
Fred Herman Kruse (January 14, 1943)
Howard Hill Markel (February 13, 1943)
William Quinn (May 25, 1943)
Sergius S. Rakitin (September 4, 1943)
Charles Albert Rethers (May 26, 1943)
Glanville Yelsley Rusk (November 22, 1943)
Margaret Schulze (February 7, 1943)
David Emmet Stafford (September 25, 1943)
George Lawrence Wolf (August 21, 1943)
Julian Mast Wolfsohn (July 1, 1943)
Montague Sidney Woolf (April 20, 1943)

San Joaquin County

Elmer David Augspurger (June 25, 1943)
Robert Ambrose Buchanan (October 25, 1943)
Charles D. Holliger (December 13, 1943)
Henry Christian Petersen (May 17, 1943)

San Luis Obispo County

Ira Bennett Bartle (November 7, 1943)

San Mateo County

Frank Starr Gregory (August 21, 1943)
Clarence Victor Thompson (September 13, 1943)

Santa Clara County

John Irving Beattie (May 7, 1943)
Thomas Andrew Story (October 28, 1943)
Philip L. Wise (January 8, 1943)

Shasta County

Ferdinand Stabel (December 8, 1943)

Sonoma County

Stuart Zeno Peoples (November 16, 1943)

Stanislaus County

Warren Nelson Steele, Jr. (October 23, 1943)

Tulare County

Sherman Rogers (February 18, 1943)

Ventura County

Everett Charles Beach (July 8, 1943)

**COMMITTEE ON HOSPITALS, DISPENSARIES
AND CLINICS****Executive Group**

J. Norman O'Neill, Chairman, 1945

Walter Rapaport, 1944 Benjamin W. Black, 1946

To the President and the House of Delegates:

In my last year's report I summarized the hospital situation, showing the lack of private hospital facilities. At the present time I can only reiterate that the situation throughout the State of California is more critical, and that there is now an even greater shortage of hospital beds. Mr. Arthur J. Will, Superintendent of Charities of Los Angeles County, recently made a report to the Health Committee of the Los Angeles Chamber of Commerce, in which he stated that there is at the present time a shortage of 3600 general hospital beds. He also stated that the Los Angeles County Hospital is now taking care of 400 full pay patients in the County Hospital. This report is made in spite of the fact that the campaign last year produced some additions to hospital facilities. The St. John's Hospital at Santa Monica was completed and the St. Joseph's Hospital in Burbank has just been completed. Additions have been approved for other hospitals, including the California Hospital in Los Angeles, which will add 110 beds by reconditioning the Bicknell Building. Actual construction work on this project started January 10th.

Last year I reported to you the situation with reference to the State-Employment Commission's rulings concerning the State unemployment tax. This matter has now been in the courts for litigation. Several conditions favorable to hospitals have been secured in the Superior Court. One decision in the Appellate Court in the case of the Scripps Memorial Hospital was decided in favor of the Hospital against the State Employment Commission. Two of these cases are now before the Supreme Court in the State of California, and from clear cut decisions made in the lower courts, the non-profit hospitals are confident that the entire question of the interpretations of the State-Employment Commissions will be clarified.

The hospitals at the present time are having a controversy with the Regional Board of the National War Labor Board over the question of the exemption of non-profit hospitals from jurisdiction of the National War Labor Board in the matter of increasing salaries to workers as long as those increases are not above the average in the community. The National War Labor Board has given exemption to all the hospitals in the United States, but the Regional Board has seen fit to

exclude the application of this order in the States of California and Arizona. This problem is causing undue burdens and difficulties on the hospitals. One hospital, Hermosa Beach Hospital, a nonprofit institution, closed its doors because of the inability of the physician operating this institution to practice medicine and also carry out all of the details necessary in his relations with the Regional Office of the National War Labor Board.

The shortage of professional and hospital workers has made the operation of the hospitals very difficult. The shortage of nurses in the State of California stems from the fact that this State has only 40 accredited schools of nursing, while States of comparable population have 125 to 150 such schools. For instance, the City of Chicago alone has 40 nursing schools. In normal times we have depended upon an influx of nurses from the middlewest schools. Today these nurses are not arriving, and the shortage of this type of professional worker is becoming very serious within the State. Many of the hospitals are cooperating with the U. S. Public Health Service Cadet Nurse Training Corp, but because of the small number of schools in the State and the limited facilities, this expansion program is naturally slow. The hospitals in the State of California have also placed on the ballot for next November Proposition No. 4, proposing to change the Constitution of the State of California so that the legislature would have the authority to grant tax exemption to nonprofit charitable institutions. California is now the only State in the Union that taxes charities. This is an important item on the ballot and should have the consideration of the medical profession.

We, therefore, recommend to the medical profession consideration of the following items:

1. Cooperation with the hospitals in the expansion of private hospital facilities.
2. Encouragement of the expansion of existing nursing school facilities and encouraging other hospitals with good facilities to inaugurate new schools of nursing.
3. The insistence on an all-out campaign to secure votes for Proposition No. 4 on the November ballot so as to exempt charitable institutions from taxes in the State of California and thus encourage the expansion of nonprofit hospital facilities.

Respectfully submitted,

J. Norman O'Neill, *Chairman.*

COMMITTEE ON INDUSTRIAL PRACTICE**Executive Group**

Donald Cass, Chairman, 1945

Wilbur J. Cox, 1944 Carl L. Hoag, 1946

To the President and the House of Delegates:

The development of public relations between industry and the medical profession has been one of the difficult problems faced by the Committee on Industrial Practice, and although no official meetings have been held, a considerable amount of correspondence has flowed between your committee and the Council on Industrial Health of the American Medical Association. We had a very profitable and exhaustive visit from Dr. Orlen Peterson, and while he was here, considerable amount of contact work was made between the Chamber of Commerce committees and the Committee on Industrial Health, as well as our own County Medical Association in Los Angeles. The work of the committee has not been extensive, but we hope, as time goes by, it will become more important, and will function more readily, especially in maintaining contact with various public health and health department agencies.

Respectfully submitted,

Donald Cass, *Chairman.*

COMMITTEE ON MEDICAL ECONOMICS

Executive Group

Glenn F. Cushman, Chairman, 1944
Edward C. Pallette, 1946 C. A. Broadus, 1945

To the President and the House of Delegates:

Many groups are taking advantage of war time conditions to advance the proposition of socialized medicine. When so many of our medical men are away at the war front, those at home should be especially alert to the political situation in regard to such social changes. Let us consider carefully all new plans which are offered, advise law makers in a practical and intelligent way about proposed changes, and educate citizens not to throw away the proved and substantial methods of medical practice of the past. A good practical effort for every member of the C.M.A. is to support the existing Public Health League of California.

What happens to medical practice today, can be very important to the development of medical science in the future.

Respectfully submitted,
C. A. Broadus, *for the Committee.*

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

Executive Group

B. O. Raulston, Chairman, 1944
L. R. Chandler, 1945 William J. Kerr, 1946

To the President and the House of Delegates:

The four medical schools in California are proceeding with the accelerated program of teaching according to the requests of the military services. The number of students enrolled in the freshman classes has been increased from 15 to 20 per cent, and teaching is in progress from 44 to 48 weeks per year. A large percentage of the most active members of the medical school faculties have gone into military service, leaving a greatly increased burden upon those who are responsible for the teaching program. It is a difficult task, indeed, to hold the quality of training up to prewar levels. Since those medical students who will be in the military services have all of their expenses involved in medical training paid by the government, it offers them a better opportunity to study uninterruptedly.

The faculties of the medical schools have also been active in the war time postgraduate program. They have gone, singly and in groups, to the various military hospitals in their respective communities and have also provided clinics in the teaching hospitals of the medical schools for medical officers who can attend them.

Serious consideration is being given to the development of plans for postgraduate training to be provided for young physicians when they return from military service. Many of these men have had only nine to twelve months of internship and will want, and must have, the opportunity to continue their training when they return from the service.

Respectfully submitted,
B. O. Raulston, *Chairman.*

COMMITTEE ON MEDICAL DEFENSE

Executive Group

Nelson J. Howard, Chairman, 1944
R. Stanley Kneeshaw, 1945 Lewis T. Bullock, 1946

To the President and the House of Delegates:

The Medical Defense Committee of the California Medical Association continues to strongly urge that each constituent County Medical Society adopt in its by-laws

a recommended by-law contained in the brochure on Medical Defense issued by the California Medical Association in 1939. The importance of having every committee of the Medical Association in the State adopt these by-laws lies in the fact that insurance carriers realize and insist that before they would enter the field as a whole in the State of California, the complete coöperation and participation of the County Medical Societies and their members are necessary.

In addition, it is strongly recommended that additional by-laws adopted in 1941 by the San Francisco County Medical Society be included in the by-law revision. This by-law prohibits any physician who is a member of the San Francisco Medical Association from accepting a fee for testifying for either party in a malpractice case. "No member of this Society shall make a charge or accept compensation other than witness fees and mileage allowed by law, for any professional services rendered either party to a malpractice claim or suit in regard to the preparation or conduct of such claim or suit, providing that no physician shall be obligated by this section to participate or testify against his will in any action or proceeding."

The Committee on Medical Defense has reported to the Council of the California Medical Association as outlined in the enclosed letter. As a result of these recommendations of this Committee, a special committee has been appointed by the California Medical Association Council with powers to act for the Council in arranging for malpractice insurance for members of the Association.

To the Council, California Medical Association:

You are acquainted with previous efforts of the Committee on Medical Defense in regard to malpractice insurance. Since the last verbal report to the Council, several meetings have been held with insurance men, and on the morning of the 1st of March, 1944, I had an interview with Mr. Maynard Garrison, the California Insurance Commissioner, and the problem of the Medical Society members presented to him with this committee's proposals for the solution. I feel that the committee has gone as far forward as possible, considering the limitations of its powers, and submit and recommend that the Council of the California Medical Association appoint a special committee to act for the California Medical Association as suggested below:

(1) The members of the special committee to enter into negotiations with a suitable insurance carrier or carriers with the following objects in view:

- (a) Comprehensive casualty and liability insurance.
- (b) Malpractice insurance.
- (c) That the insurance carrier agree to underwrite such forms of insurance for the members of the California Medical Association.

(2) Such insurance coverage to be supervised by an independent brokerage firm, acting as an overwriter, and to act as the Society's general agent for its protection and enlightenment.

(3) That the physicians' own broker or insurance agent place any comprehensive casualty and liability coverage together with malpractice insurance through the overwriter, and to share with the overwriter in the insurance premium. The amount of commission to be shared by the overwriter and broker respectively and to be worked out by the Committee and the insurance carrier and Mr. Hartley Peart.

(4) That the insurance carrier be given as assurance that the plan would continue for a certain minimum number of years.

(5) The insurance carrier in turn to agree to furnish the Medical Society with periodic and complete reports on actual costs, such as cost of investigating claims, num-

ber of claims threatened, number of suits filed, cost of demanding suits, the amount of judgments, etc.

(6) The insurance carrier should express a willingness to vary premium charges with regard to actual loss ratios after the minimum period of loss experience had accumulated.

(7) That Mr. Hartley Peart work with the Committee as the different steps are formulated on the approach to the finished plan.

Respectfully submitted,

Nelson J. Howard, *Chairman*.

COMMITTEE ON PUBLICATIONS

Executive Group

George W. Walker, Chairman, 1946

Francis E. Toomey, 1945

F. Burton Jones, 1944

George H. Kress, ex-officio

To the President and the House of Delegates:

The Committee on Publications has kept in touch with the official publications of the Association through correspondence and conferences with the Association Secretary-Editor.

The war-time needs requiring conservation of paper have been observed, even though such action has brought about a reduction in size of the OFFICIAL JOURNAL.

It is gratifying to know that CALIFORNIA AND WESTERN MEDICINE, brochures, and other publications that have been printed in the past, measure up to excellent standards.

Respectfully submitted,

George W. Walker, *Chairman*.

COMMITTEE ON POSTGRADUATE ACTIVITIES

Executive Group

F. E. Clough, Chairman, 1946

Howard F. West, 1944

Frank A. Macdonald, 1945

George H. Kress, Secretary, ex-officio

To the President and the House of Delegates:

Your chairman has been greatly disappointed in the inability to hold a meeting of the entire committee throughout this year, but considerable correspondence has been carried on between the various members.

The committee feels that a great effort should be made by each component society to present clinical meetings or talks on Tropical Medicine. Sooner or later, this section of the country will find itself face to face with diseases with which we are now unfamiliar.

With that end in view, the Naval Hospitals at San Diego, Norco and Long Beach have been contacted and are willing to send trained speakers, who have had practical experience in the South Seas, to carry on programs in the southern counties of the State. Similar plans are being prepared to cover the remaining sections of California. The secretary's office will have all details of this plan.

As before, through the secretary's office, numerous pamphlets, journals and other medical matters have been sent to the various Armed Force bases in the State.

Respectfully submitted,

F. E. Clough, *Chairman*.

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

Executive Group

Lewis A. Alesen, Chairman, 1944

L. H. Redellings, 1946

J. F. Doughty, 1945

To the President and the House of Delegates:

The Committee on Membership and Organization has held no meetings during the past year. No matters have been presented for its consideration.

Inasmuch as the responsibility for the selection of members in the California Medical Association is delegated to the local county units, and the relationship between the different county societies with respect to transfer of members is specifically defined by the By-laws, there is very seldom any occasion for this committee to act.

The details of membership are handled in a systematic and businesslike manner in the Association's central office at San Francisco, and other items that might conceivably be referred to this committee are cared for by other committees.

Hence it would seem that there can be but little need for the perpetuation of a committee of this kind when little if any activity is expected of it.

Respectfully submitted,

L. A. Alesen, *Chairman*.

County Society membership totals are given in the appended list:

C. M. A. County Society Membership Totals For Year 1943

Counties	Member- ship in 1942	Civilian Mem- bers 1943	Military Mem- bers 1943	Total Mem- bers 1943
Alameda	601	437	175	612
Butte-Glenn	37	29	9	38
Contra Costa	55	51	6	57
Fresno	151	110	41	151
Humboldt	37	26	10	36
Imperial	26	18	10	23
Inyo-Mono	11	7	4	11
Kern	69	56	20	76
Kings	21	16	7	23
Lassen-Plumas-Modoc	18	17	5	22
Los Angeles	2,826	2,149	773	2,922
Marin	50	30	20	50
Mendocino-Lake	29	19	10	29
Merced	35	18	16	34
Monterey	72	46	24	70
Napa	40	30	9	39
Orange	123	90	37	127
Placer-Nevada-Sierra	43	29	10	39
Riverside	76	54	20	74
Sacramento	173	128	46	174
San Benito	8	6	3	9
San Bernardino	164	122	44	166
San Diego	334	240	109	349
San Francisco	1,124	818	350	1,168
San Joaquin	115	68	39	107
San Luis Obispo	29	27	5	32
San Mateo	88	74	20	94
Santa Barbara	123	87	40	127
Santa Clara	228	157	77	234
Santa Cruz	46	32	14	46
Shasta	27	18	8	26
Siskiyou	17	13	2	15
Solano	45	42	5	47
Sonoma	68	56	16	72
Stanislaus	50	36	16	52
Tehama	8	6	1	7
Tulare	48	26	17	53
Ventura	53	33	20	53
Yolo	27	17	12	29
Yuba-Sutter-Colusa	26	19	10	29
Total	7,121	5,267	2,060	7,327

COMMITTEE ON PUBLIC RELATIONS

Executive Group

Donald Cass, Chairman

John C. Ruddock, Chairman, Committee on Health and Public Instruction

J. Norman O'Neill, Chairman, Committee on Hospitals, Dispensaries, Clinics

Donald Cass, Chairman, Committee on Industrial Practice

Nelson J. Howard, Chairman, Committee on Medical Defense

Lewis A. Alesen, Chairman, Committee on Membership and Organization

Glenn F. Cushman, Chairman, Committee on Medical Economics

Dwight H. Murray, Chairman, Committee on Public Policy and Legislation

F. E. Clough, Chairman, Committee on Postgraduate Activities
 Karl L. Schaupp, President of California Medical Association
 Lowell S. Goin, President-Elect
 George H. Kress, Secretary

To the President and the House of Delegates:

The Committee on Public Relations has been dormant, as such, during the past year. Public relations have been paramount in the minds of the members of the Council and a great deal of public relations work has been planned, including, as you will see in the reports of other parts of your governing body, the work that has been done particularly in public relation's investigations. All of this, however, was not done by the Committee on Public Relations, but was really done by the Council and subcommittees of the Council who were in a position to cooperate more readily and constituted a more flexible body than your Committee on Public Relations.

The subject of public relations is one which is of paramount interest to all members of the California Medical Association, and one which will be reported in great detail by your Council. The Committee on Public Relations, however, has not met during the year and has been inactive as a separate acting body.

Respectfully submitted,

Donald Cass, *Chairman.*

COMMITTEE ON SCIENTIFIC WORK
Executive Group

George H. Kress, Chairman, ex-officio
 J. Homer Woolsey, 1944 Howard F. West, 1945
 Fletcher B. Taylor, 1946
 John Martin Askey, ex-officio (for Medicine)
 Leon Goldman, ex-officio (for Surgery)

To the President and the House of Delegates:

The major function of the Committee on Scientific Work relates to the scientific programs presented at each Annual Session. These comprehend: speakers and essayists for three General Sessions, thirteen Scientific Sections, as well as arrangements for film and scientific exhibits. In addition to the task of deciding on the nature of the various programs, and securing speakers and essayists for all the topics, the Committee is called upon to provide all equipment and facilities for these various special activities. The planning must be completed in all detail before the Annual Sessions begins, so that everything may move forward in easy and harmonious sequence. Necessarily, the major portions of responsibility in arrangement of these details devolves upon the chairman of this Committee, to whom, through By-law provision, these duties have been assigned. Through his central office, the newly-elected officers of the thirteen Scientific Sections are informed concerning their own responsibilities, so that cooperative plans may go forward in good manner. After consultation, and in due course, the Section Officers meet with the C.M.A. Committee on Scientific Work. At that time the various programs are properly correlated and brought to completion. Because of exigencies resulting from the War, it has been necessary this year to discontinue the scientific exhibits.

Due to the large number of Association members who are in military service, and also, the heavy loads now devolving upon colleagues in civilian practice, it has not been possible this year, as was also the case last, to secure as large a number of essayists from physicians in civil practice as we desired. However, since California has an extra large number of extensive military camps, with large station hospitals, one could turn to the medical staffs of these military establishments for aid. Many of these military colleagues, who are now in the Army and

Navy Reserves, have had extensive experience as teachers and clinicians in other States of the Union. In addition, they have been in position to secure first-hand contacts with diseases and injuries incident to warfare in the Pacific Area. Therefore, it is again possible to bring to the attention of the California profession up-to-date reports, not only on military medicine and surgery, but also on those diseases which physicians in the postwar period may be called upon to meet in our own State.

Thanks are extended to both civilian and military colleagues for their generous cooperation in helping to make the programs a success. Under prevailing conditions, it is to be regretted that the annual meetings must be limited to two-day streamlined sessions. If additional days were available, and if members of the Association could take the time to attend, it would be possible to present programs much in line with those of prewar days.

In conclusion, it may be stated that, scientific medicine today has the same obligation to be as alert to its responsibilities, in keeping physicians alert to changes in methods, as has organized medicine, upon which phase of medical practice, scientific medicine must depend for its continued existence and progress.

Respectfully submitted,

George H. Kress, *Chairman.*

EDITORIAL BOARD

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 Fred D. Heegler, Napa
 George W. Walker, Fresno

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R. R. Newell, San Francisco
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Urology:

Lewis Michelson, San Francisco
 Albert J. Scholl, Los Angeles

Pharmacology:

W. C. Cutting, Menlo Park
 Clinton H. Thienes, Los Angeles

To the President and the House of Delegates:

During the year of 1943 the men on the Editorial Board gave their time freely, and expressed their opinions about the manuscripts and writers without prejudice.

Thanks are hereby given to the members of the Board for their valuable assistance and ideas.

The increased demand for space for discussion of activities associated with the war effort, together with the reduction in size of the CALIFORNIA AND WESTERN MEDICINE, obtains as in previous years.

Most medical and surgical journals are finding it increasingly more difficult to obtain a sufficient number of satisfactory articles to meet publication needs. The OFFICIAL JOURNAL has felt this need also. On the other hand, we fortunately have been able to publish all manuscripts which have been up to the desired standard.

Respectfully submitted,

Albert J. Scholl, *Chairman*.

COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

* * *

PROCUREMENT AND ASSIGNMENT SERVICE

Executive Group

Harold A. Fletcher, San Francisco
Chairman for Northern California
Edward M. Pallette, Los Angeles
Chairman for Southern California

To the President and the House of Delegates:

The work of this Committee has been, practically, entirely the work of the Procurement and Assignment Service for Physicians. Because of the increased expansion of the Army and the Navy, and the United States Public Health Service, beyond that contemplated in 1942, there has been a great difficulty in meeting the 1943 quota of physicians necessary. On a national scale the needs are approximately for 6,000 physicians for the above services over the number which can be expected from residents and interns recently graduated.

Quota figures are no longer considered, and physicians are released regardless of quota, depending entirely on whether the community in which they are practicing can release them without jeopardizing public health and industrial and other war needs. Had every physician who was made "available" by Procurement and Assignment been able to pass the physical and other standards of the Army and Navy, the necessary number would have been obtained. However, this was impossible because of the tremendous number of rejections by the Military Forces, particularly because of physical disqualifications.

With the exception of San Francisco County, only a very few scattered physicians can be released during 1944 from other counties, and usually these only because of relocation of physicians in those counties or the return of discharged medical officers. Even in San Francisco County the number of physicians who can possibly be released to the Armed Forces is very small. Numerically, there are still an ample number of physicians, both on a national as well as on a State level. The problem is one of distribution, and this is one of the problems which Procurement and Assignment Service is trying to work out by voluntary methods.

The need for medical officers in the Army, and even more acutely in the Navy, is still very critical, and this statement is made with a thorough knowledge of the occasional criticisms which come from uninformed sources that the Military Forces are not using their medical personnel properly or are overstaffed. Medical personnel are needed acutely during campaigns, and not after campaigns have been completed and the readjustments have been made.

The Coördinating Committee on Medical Care of the Procurement and Assignment Service has been tremendously occupied during the past year with many important and interesting problems. These problems, although not directly the responsibility of Procurement and

Assignment Service, necessitated the study of a group of able and well-qualified physicians who could work co-operatively and harmoniously to solve the various acute problems in certain areas where there was not only a shortage of medical care, but also a shortage of hospital beds and nurses, inadequate public health departments and other allied problems affecting the health of expansion areas.

This Committee has met regularly and frequently, and has put in many long hours on these problems. It has definitely proved in many cases that, if the medical profession wishes to assume responsibility, it can solve problems to the satisfaction of the general public as well as the various departments and bureaus of the Federal and State governments. The work of this Committee, in my opinion, has been one of the most important developments of the Committee on Participation of the Medical Profession in the War Effort, and of the Procurement and Assignment Service.

Procurement and Assignment Service has had excellent coöperation with the Selective Service System. The advice of Procurement and Assignment Service has been accepted in almost 100 per cent of the cases involved, whether in requesting deferment or whether in asking a classification in 1-A in the case of that small portion of the medical profession who have been unpatriotic, non-coöperative or recalcitrant. Unfortunately, there have been some cases where medical men have not only been classified in 1-A, but actually inducted into the Armed Forces. The number of these, particularly in California, has been very small.

Respectfully submitted,

Harold A. Fletcher, *Chairman*.

COMMITTEE ON LOCAL ARRANGEMENTS

Executive Group

E. T. Remmen	L. A. Alesen, Chairman	Earl F. Nation
A. Fletcher Hall		George H. Kress, ex-officio
Ben K. Parks		S. K. Cochems

To the President and the House of Delegates:

The Committee on Local Arrangements for the 73rd Annual Session of the California Medical Association, to be held at the Biltmore Hotel, Los Angeles, on May 7th and 8th, draws particular attention to the crowded conditions in the hotels in Los Angeles, and stresses the necessity for making reservations early in advance. Please do not make reservations, however, if you are not reasonably sure that you will take advantage of them.

Following the unusually successful dinner in honor of President Molony given at last year's Session, we are particularly interested that the dinner to be held this year in honor of President Karl L. Schaupp shall be equally pleasing and equally well attended. This dinner, to be held in the Biltmore Bowl on Sunday, May 7th, will be the one social feature of the convention. An excellent program of entertainment, together with dancing and a good dinner, have been promised by the hotel management. Reservations must be made in advance. Instructions concerning these reservations will be presented in the Pre-Convention Bulletin.

Respectfully submitted,

L. A. Alesen, *Chairman*.

COMMITTEE ON PHYSICIANS' BENEVOLENCE

Executive Group

Axel E. Anderson, Chairman	Robert A. Peers
Elizabeth M. Hohl	

To the President and the House of Delegates:

The Physicians' Benevolence Committee started 1943 with \$2,141.50 in its checking account and \$4,369.30 in its

savings account. The savings account is considered in the nature of a trust fund, to which additional contributions are intended to be added for the purpose of building up an endowment fund for purposes of income or other use by the committee.

During 1943 the California Medical Association contributed \$5,329 to the checking account for the current use of the committee. This contribution was made at the rate of \$1 per active member of the Association. The savings account received \$1,015 in contributions during the year, and was increased by \$46.90 interest received from the bank. The contributions include \$10 from the Tulare County Woman's Auxiliary, \$25 from the Kern County Woman's Auxiliary, \$965 from the Woman's Auxiliary to the California Medical Association, and \$15 from the Association of Pacific Railway Surgeons. The last named contribution was made in memory of the late Doctor Oliver D. Hamlin.

The committee disbursed \$2,246 in aid during 1943. This aid went to 21 physicians or widows of physicians, and was expended for such items as ambulance service, rent, food, utilities, drugs, dental services, sanitarium care, surgical supplies, and glasses. The average aid extended was \$107 per case. One of the recipients of aid has since died and another is being maintained in a nursing home.

The committee voted in 1943 to contribute \$300 monthly to the Los Angeles County Physicians' Aid Association, since most of the needy cases are located in Los Angeles County area. A monthly account of the expenditures in Los Angeles County is rendered by the Los Angeles County Physicians' Aid Association, so that our records are complete. It is the policy of the committee to keep our records confidential, and not to publish the names of recipients of aid but, at the same time, to make full records of expenditures available to the C.M.A. for the purpose of keeping the Association records accurate and complete.

Under a By-law amendment adopted by the 1943 House of Delegates, the California Medical Association will contribute \$1 per active member to the Physicians' Benevolence Fund, with the understanding that the annual expenditure of the Physicians' Benevolence Committee shall be kept within the annual contribution from the Association. This policy means that the \$5,431.20 now in our savings account will be maintained and augmented for endowment purposes.

Respectfully submitted,
Axcel E. Anderson, *Chairman*.

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

<i>Delegates</i>	<i>Alternates</i>
Edward N. Ewer.....(1943-1944).....	Robert T. Legge
William H. Kiger.....(1943-1944).....	Donald G. Tollefson
Robert A. Peers.....(1943-1944).....	Frederick N. Scatena
William R. Molony, Sr.....(1943-1944).....	Ralph B. Eusden
Dwight L. Wilbur.....(1944-1945).....	L. R. Chandler
Lyell C. Kinney.....(1944-1945).....	Bon O. Adams
Lowell S. Goin.....(1944-1945).....	Leo J. Madsen
Henry S. Rogers.....(1944-1945).....	Robert S. Stone

To the President and the House of Delegates:

Owing to transportation difficulties and the pressing obligation of the practicing physician in the various states, the session of 1944 was restricted to a meeting of the House of Delegates.

The House of Delegates, which is the legislative and governing body of the Association, was in session for three days, beginning Monday, June 5th. All members of the California delegation, represented by Lowell S. Goin, Dwight L. Wilbur, Lyell C. Kinney, Henry S. Rogers, Edward N. Ewer, William H. Kiger, Robert A. Peers, and William R. Molony, Sr., were present and took an active part in all proceedings. Of the thirteen

reference committees, Californians were appointed on three, namely, Edward N. Ewer, on the Committee of Rules and Order of Business; William R. Molony, Sr. on the Committee of Legislation and Public Relations, and Robert A. Peers on the Committee of Board of Trustees and Secretary.

Outside of the usual interest in the election of officers and the discussion of the reports of the several committees on the various resolutions submitted to the house, the chief interest and concern of the House of Delegates was the matter of the establishment of a Washington office and the formation of a new department of the Association to oversee and direct legislative activities. Several resolutions to this end were presented from several states and were referred to the Committee of Legislation and Public Relations. This committee held several meetings, including one in the large hall attended by over one hundred delegates.

The reference committee submitted the following resolution which was unanimously adopted:

"A Council on Legal Medicine and Legislation shall be created at once, this Council to be composed of six members of the American Medical Association geographically distributed over the United States, the President, the Secretary, the Immediate Past President and a member of the Board of Trustees of the American Medical Association. The six members from the American Medical Association for the first year, shall be appointed by the Board of Trustees. Your reference committee recommends that the term of membership on the Council be three years, provided that at the end of the first year there be an election of two members for one year, two for two years and two for three years. After the first year the Board of Trustees shall present to the House of Delegates for election to membership on this Council a list of three nominees for each vacancy and the chairman shall be selected by the Council from its elected members.

The duties of this Council shall be to make available all facts, data and medical opinions with respect to timely and adequate rendition of medical care to the American people and to keep informed the constituent state medical associations and component county medical societies of all proposed changes affecting medical care in the nation and also the activities of the Council. The present Bureau of Legal Medicine and Legislation shall be made a part of this Council, and the Board of Trustees shall provide adequate facilities of these activities."

At its first meeting after the adjournment of the House, the Board of Trustees appointed the members of the new council. At the 1944 meeting of the House of Delegates, the six members of the council will be elected by the House. While the creation of this new council did not entirely satisfy the proponents of the new order, yet all felt that a good beginning was made—a beginning of a new departure in the policy of the American Medical Association—in that it created the authority and the means to assume the position of leadership in medical matters for the nation.

The House voted that the 1946 session of the American Medical Association shall be held in San Francisco. The Speaker declared San Francisco the place of the 1946 annual session of the American Medical Association.

We sincerely hope that by the summer of 1946 victory shall have been achieved, and that San Francisco and her fellow Californians will have the pleasure and the honor of entertaining the American Medical Association, in convention assembled.

Respectfully submitted,
William R. Molony, Sr.

CANCER COMMISSION Executive Group

Harold Brunn, Chairman, 1946	
Lyell C. Kinney, Vice-Chairman, 1946	
Otto H. Pfeuger, Secretary, 1946	
Orville N. Meland, 1944	Gertrude Moore, 1944
A. Herman Zeller, 1944*	Alison R. Kilgore, 1945
Henry J. Ullmann, 1945	
Clarence J. Berne, Secretary for Southern Section, 1945	
*Deceased.	

To the President and the House of Delegates:

As chairman of the Cancer Commission of the California Medical Association, I wish to submit the following report.

Our committee has cooperated with the Women's Field Army of the American Society for the Control of Cancer and has received many communications from Mrs. Helen Ingalls Ullman, the State chairman, from Mrs. Joseph Gould, who is the local head of this organization, and from Dr. C. C. Little, national chairman. Plans are being made by this organization to extend their efforts and activities by radio, spot announcements, by brochures and by contact with other women's organizations in this area. Mrs. Gould has been most active in this regard. In this way a large number of people will be contacted, and more interest shown by the public in this disease. It is hoped that a larger amount of money will be collected this year than ever before because of the extended program.

Dr. Wilton Halverson of the State of California Department of Public Health has been contacted personally and by letter on several occasions. A meeting has been called by Dr. Halverson at which time there will be discussion on the cancer problem in this State. Members of the State society should be present at the meeting to lend their support to an enlarged program. A discussion will be had as to the importance of having cancer a reportable disease. When the war is ended we hope to submit to you and to the State society an enlarged program on this subject. The State of California has been backward in entering this field of public health endeavor.

Respectfully submitted,

Harold Brunn, *Chairman.*

CALIFORNIA PHYSICIANS' SERVICE
Board of Trustees

Dr. Ray Lyman Wilbur.....	President
C. Kelly Canelo, M.D.....	Vice-President
Alson R. Kilgore, M.D.....	Treasurer
T. Henshaw Kelly, M.D.....	Assistant Secretary-Treasurer
E. Vincent Askey, M.D.....	Clifford W. Mack, M.D.
Samuel Ayres, Jr., M.D.....	Glenn Myers, M.D.
Morton R. Gibbons, M.D.....	Rt. Rev. Thomas J. O'Dwyer
A. E. Larsen, M.D.....	Secretary-Medical Director
Eugene F. Hoffman, M.D.....	Assistant Medical Director

To the President and the House of Delegates:

The Annual Meeting of C.P.S. Administrative Members is scheduled for Saturday, May 6th, at 2:00 P.M., in Conference Room No. 8, at the Biltmore Hotel, Los Angeles. We urge that every Administrative Member be present, as there are many vital organizational issues to be acted upon.

It is a pleasure to announce that C.P.S. is now producing a unit value of \$2.00, and at the same time is increasing its unit stabilization fund. The increase in unit value during the past year can be credited largely to the conversion of the old full coverage contracts to the new types of two visit deductible and surgical.

As of March, there were approximately 90,000 persons covered by C.P.S. contracts. Members of the Commercial Program total 64,500, of which total 31,500 carry the medical rider. The balance have only the surgical coverage. Approximately 10,000 of these persons in the Commercial Program are covered by hospitalization contracts issued by C.P.S. directly. There are approximately 3,500 persons covered in the Rural Program, and 22,000 persons enrolled in War Housing Project Programs.

The *Surgical Contract* covers cutting procedures and reduction of fractures and dislocations, and is issued to the employed beneficiary member and his family dependents. Obstetrical care is not included. Pre-existing conditions are covered, and there are no waiting periods.

The *Two-Visit Deductible Medical Rider* is issued to the employed beneficiary member only. The benefits do not extend to his dependents. It is issued with a surgical contract, and never alone. It provides medical services to the beneficiary, except for the first two visits in each separate illness, for which the beneficiary must pay the professional member at the professional member's regular private rate for such services. Pre-existing conditions are included, and there are no waiting periods. There is a three months' limit on the treatment of chronic conditions. Obstetrical service for employed women beneficiaries is included after ten months of membership.

The *Surgical Reimbursement Contract* is a new development, which is issued to persons whose income is over \$3,000. The person holding this type of contract makes his own arrangements as a private patient with the professional member, and after paying his bill to his physician, is reimbursed, in part, for his expenses of surgical care, according to the schedule set forth in his contract. This surgical reimbursement contract specifically informs the holder that the C.P.S. schedule of reimbursement is not intended to cover the entire charge made by the attending professional member.

The *C.P.S. Hospitalization Rider* is issued in Northern California territories. It is patterned after the contract issued by the Hospital Service of Southern California, with whom C.P.S. continues its joint acquisition arrangement. The hospital rider is issued in conjunction with surgical or two visit deductible contracts or surgical reimbursement contracts, and is never issued alone.

The *Rural Health Contract* provides medical, surgical and hospital care to the head of the family and the family dependents alike. The family is required to pay part of the cost of the first home visit in each illness, and is required to pay part of the cost of tonsillectomies. Chronic conditions are limited to three months' care. Surgical services do not include care for pre-existing conditions. Physicians' services are provided in connection with maternity care, but hospital care is not provided in this condition.

The *Housing Project Contract* also provides medical, surgical and hospital care for all members of the family. Treatment of minor illnesses and of ambulatory conditions is provided through a medical center, staffed with physicians and nurses employed by C.P.S. Surgery and other serious conditions are referred to the professional members of the local community. This contract was modified October 1st, 1943, to exclude conditions arising from pregnancy, tonsillectomies, herniotomies and treatment for correction of congenital defects.

C.P.S. has reached the stage where its gross income averages \$100,000 per month or more. The distribution in recent months has been approximately as follows:

15 per cent for in-patient and out-patient charges in hospitals.

55 per cent for medical, surgical, x-ray, laboratory and other professional services.

20 per cent for administration.

10 per cent for addition to the unit distribution fund.

In addition to raising the unit value from the low of \$1.10 in 1940 to the present \$2.00 in January of 1944, C.P.S. has also been able to increase its unit stabilization fund to a present total of \$70,000. The trustees have deemed it wise to accumulate a cushion before raising the unit value in each of the successive stages of increase, in order that it might be maintained at the new level. In addition to the increase in the unit value and the increase in the stabilization fund, C.P.S. has also repaid \$7,000 of the original loans made to it by the California Medical Association.

The C.P.S. Fee Schedule has recently been printed and distributed to all professional members. The present Fee Schedule is the result of the original work by the various Specialty Sections of the C.M.A. and the Fee Schedule Committee of C.P.S., plus the many changes, modifications and expansions which have been made from time to time at the suggestions of professional members. The present form should not be considered a static document, but rather one which will be subject to further modification upon properly constituted evidence justifying a change.

For purposes of review there is set forth below a table of the unit values paid by C.P.S. in each of the months of its operation, up to and including January of 1944. Unit values paid in the fall months of 1939 were on an estimate basis, and did not include all of the costs involved. The actual earned unit value in these months was approximately \$1.30.

	1939	1940	1941	1942	1943	1944
January		\$1.50	\$1.20	\$1.25	\$1.60	\$2.00
February		1.30	1.25	1.45	1.75	
March		1.30	1.25	1.35	1.75	
April		1.25	1.25	1.40	1.75	
May		1.25	1.25	1.40	1.75	
June		1.35	1.25	1.40	1.75	
July		1.35	1.25	1.30	1.75	
August	1.75	1.35	1.25	1.30	1.75	
September	1.75	1.35	1.25	1.40	1.75	
October	1.60	1.35	1.25	1.40	1.75	
November	1.60	1.35	1.25	1.40	1.90	
December	1.60	1.10	1.25	1.50	1.90	

Although the process of conversion of full coverage contracts to the two visit deductible and surgical began in the summer of 1942, the effects of this change did not become evident until the spring and summer of 1943. As you will note, the unit value for January of 1944 is the highest mark yet reached in C.P.S., amounting to 80 per cent of par value.

The phrase "80 per cent of par value" means nothing by itself, unless it is related to some other operation. C.P.S. can make a fairly close comparison of its surgical plan and Fee Schedule with the Michigan Medical Service Plan, whose membership dues are the same as C.P.S.'s. The procedures which occur most frequently in C.P.S. surgical plan experience have been selected for the purpose of simple comparison, and the table below shows the procedures, the Michigan par value, C.P.S. par value and C.P.S. unit value at 80 per cent of par in January.

	Michigan Par Value	C.P.S. Par Value	Actual C.P.S. Payment at 80% of Par
Tonsillectomy	\$ 25.00	\$ 50.00	\$ 40.00
Submucous resection.....	50.00	75.00	60.00
Appendectomy	75.00	125.00	100.00
Herniotomy	100.00	125.00	100.00
Hemorrhoidectomy	50.00	100.00	80.00
Cholecystectomy	125.00	200.00	160.00
Fistulectomy	50.00	75.00	60.00
Laparotomy	100.00	125.00	100.00

Presumably, the Michigan par value fees were set by the Fee Schedule Committee of the Michigan Medical Service, in the same fashion that the C.P.S. par value fees were set by the Fee Schedule Committees of C.P.S. and the C.M.A. It is evident from the table above that even at 80 per cent of C.P.S. par, as shown in the last column, professional members of C.P.S. are currently receiving more than the maximum of the Michigan schedule in all except two of the listed procedures, which are equal, and will receive considerably more when par is reached.

Respectfully submitted,
A. E. Larsen,
Secretary and Medical Director.

COMMITTEE ON PUBLIC RELATIONS SURVEY

Executive Group

E. Vincent Askey, Chairman

John W. Cline

Frank A. MacDonald

To the President and the House of Delegates:

During the past year, especially, all medical men have been interested in, if not worried over, the situation involved in a consideration of the relationship between the public and the medical profession. This, in a broad term, can be called the Public Relations Division of Medicine. Apart from the broad concept, however, at times acute interest in certain aspects arises, and particular attention is called to a subject.

It was with the idea in mind that a pressing need for clarification of the problem and advice in solving it existed, that a special committee was appointed by the Council to hire a competent firm to conduct a survey, and to give a constructive interpretation based on facts developed by that survey. Your committee, following out the instructions, contracted with Foote, Cone and Belding (formerly Lord and Thomas), and they conducted the survey which has been presented to the Council with recommendations. The further developments of this matter are outside the scope of your committee.

Respectfully submitted,
E. Vincent Askey, Chairman.

COMMITTEE ON PLAN FOR MEDICAL AND HOSPITAL CARE OF CITIZENS IN LOW INCOME BRACKET GROUPS

Executive Group

R. Stanley Kneeshaw, Chairman

Edwin L. Bruck

John W. Cline

Karl L. Schaupp

William R. Molony, Sr.

To the President and the House of Delegates:

This committee has not had any official meeting but the chairman has consulted with members of the committee. As you already know, this problem which has been delegated to this committee is by far the most important problem that the medical profession has to solve this year. It is of the utmost importance that the delegates to the A.M.A. take back with them to the annual meeting the promise to awaken the House of Delegates of the A.M.A. to the importance of it.

It is hoped that a more detailed report can be presented at the annual session.

Respectfully submitted,
R. Stanley Kneeshaw, Chairman.

ADVISORY COMMITTEE TO THE CALIFORNIA BUREAU OF VOCATIONAL REHABILITATION

Executive Group

J. B. Harris, Chairman

E. Vincent Askey

John W. Cline

Gertrude Moore

L. C. Kinney

To the President and the House of Delegates:

This committee was authorized by the Council, and appointed by the Chairman of the Council, to act as a Special Advisory Committee to the California Bureau of Vocational Rehabilitation. A meeting was held in San Francisco on March 5th with Mr. H. D. Hicker, Chief of the Bureau, to survey the problems involved. A second meeting, to be held on May 11th before the Annual meeting of the C.M.A., will explore possible means of cooperation between the members of the Association and the Bureau of Vocational Rehabilitation.

The new program of Vocational Rehabilitation, authorized by the Congress and approved July 16, 1943, is exceedingly important to both the public and the medical profession. In California, another government agency, namely the State Board of Education, now enters the

field of providing medical and surgical care at the expense of the State, with Federal subsidy. Any person who has a curable physical disability that renders him unemployable is entitled to treatment and hospitalization, provided there is reasonable hope that the treatment will make him employable. The program will be guarded by requiring evidence of financial need, by careful social service, and will not overlap the functions of such other public agencies as the Compensation Fund, the Crippled Children's Society or County Hospitals. However, the new program opens a new and potentially large field of government-controlled medicine.

Since 1921, the Bureau of Vocational Rehabilitation of the California State Board of Education has done a marvelous service in vocational training, and in placement of physically-disabled patients. Over 15,000 have been rehabilitated and rendered employable. This program has been financed by the State with Federal subsidy since the Statute approved June 2, 1920. The new amendment passed last year permits the Bureau to expand their program, and provide corrective surgery, medical care and hospitalization, in addition to vocation education and placement.

To quote from the Act, "The Secretary of the Treasury will pay to each State . . . one-half the necessary expenditures for . . . corrective surgery or therapeutic treatment necessary to correct or substantially modify a physical condition which is static and constitutes a substantial handicap to employment, but is of such a nature that such correction or modification should eliminate or substantially reduce such handicap within a reasonable length of time."

The immediate problems of interest to the committee are:

1. The proper physical examination and evaluation of applicants for corrective rehabilitation procedures under the act.
2. The assurance that adequate hospitalization and treatment be provided for the patient.
3. The assurance that satisfactory compensation is made to the physicians and surgeons providing that treatment.

Respectfully submitted,

Lyell Cary Kinney, M.D., *For the Committee.*

COMMITTEE ON POSTWAR PLANS OF MEDICAL SERVICE AND SOCIAL SECURITY

Executive Group

Dewey R. Powell, Chairman

Donald Cass

John W. Green

To the President and the House of Delegates:

The members of the committee on postwar plans of medical service and social security have had no formal meeting during the year. They have corresponded, and had several conferences at Council meetings on this important topic. In fact, so much of the entire Council's time has been absorbed on this same subject, that there is no particular need for a subcommittee to function independently until assigned some specific task to perform.

The Mannix report and the Foote, Cone, and Belding Survey sponsored by the Council are both intimately concerned with post-war plans of medical service and social security, so your committee members, as part of the Council, have been most active in this work.

Respectfully submitted,

Dewey R. Powell, *Chairman.*

COMMITTEE ON POSTGRADUATE COURSES FOR MILITARY MEMBERS

Executive Group

Calvert L. Emmons, Chairman

Harry E. Henderson
R. E. Clough, ex-officio

Lloyd E. Kindall
George H. Kress, ex-officio

To the President and the House of Delegates:

The committee on postgraduate courses for military members has little information to give to the organization at this time. As yet there has been no need for the postgraduate course for our colleagues returning from military service.

Members of the committee are in close touch with the medical centers of training throughout the State and we hope that when the time is here, our military colleagues are back and are in need of postgraduate courses, we shall be in a position to grant what they ask without expense, and not too far distant from their home.

Respectfully submitted,

Calvert L. Emmons, *Chairman.*

PUBLIC RELATIONS PUBLICITY COMMITTEE

Executive Group

R. Stanley Kneeshaw, Chairman

To the President and the House of Delegates:

To this sub-committee has been relegated the important job of feeling out the pulse of the public in its attitude toward the medical profession and its associated work. The Council as a whole has taken over this job which was instigated by members of the committee. A survey was made and the results of it will be given to the House of Delegates at its annual meeting.

Other functions in public relations and publicity have been carried on under the direction of members of this committee. It is hoped that the House of Delegates will see fit to support the Council in its efforts in carrying out its policy of public relations.

Respectfully submitted,

R. Stanley Kneeshaw, *Chairman.*

COMMITTEE ON PERMANENTE FOUNDATION HOSPITALS

Executive Group

Lloyd Kindall, Chairman

Calvert L. Emmons

Edwin L. Bruck

To the President and the House of Delegates:

The recommendations and conclusions of the committee will be found in the minutes of the 314th meeting of the Council, which appear in CALIFORNIA AND WESTERN MEDICINE, for March, on page 104.

Respectfully submitted,

Lloyd Kindall, *Chairman.*

OTHER SPECIAL COMMITTEES

In addition to committees noted above, reports of other special committees are referred under other reports, as follows:

(a) **Committee on Industrial Fee Table** (See Report of Legal Counsel Peart).

(b) **Federal Maternity-Pediatric Program—EMIC**—(See reference in Report of Council).

(c) **Liaison Committee of Eight on Medical and Hospitalization Services** (See reference in Report of Council).

(d) **Revision of Code of Ethics of American Medical Association, Lowell S. Goin, chairman.** (Report will be submitted).

(e) **Osteopathic Practice Act** (See reference in Report of Council).

ANNUAL COUNTY MEDICAL SOCIETY REPORTS

FIRST DISTRICT

Imperial, Orange, Riverside, San Bernardino, and San Diego Counties.

Calvert L. Emmons, Ontario, *Councillor.*

Imperial County Medical Society

The Imperial County Medical Society is scheduled to meet the second Tuesday of each month at the Hotel California in El Centro. Occasionally, it is necessary to omit a monthly meeting because of inability to obtain a speaker or sufficient attendance of regular members. The meetings are preceded by a dinner. There are no meetings during the hot summer months.

There are at present seventeen physicians in Imperial County, fourteen of which are members of the Society. In addition, there are twelve military members in the Army and Navy Medical Corps of the United States. Three members have moved from the County this past year, to establish practice in more populated areas.

The nursing shortage is especially acute at present, but this is somewhat alleviated by assistance of wives of military personnel stationed on the desert.

HENRY FORCHER,
Secretary.

Orange County Medical Association

During the year, we lost our President, Dr. D. A. Harwood, who passed away in his sleep. He had been very active in surgery and radiotherapy. Dr. A. C. Robbins, who enjoyed one of the largest general practices in Southern California, went on a fishing trip and was lost at sea. Dr. A. E. Chase, our Santa Ana x-ray man, died last summer.

In the past twelve months several men have moved in from surrounding communities, due to the tremendous decrease in the number of doctors who answered the call to military service. Even so, the doctors that are here are very much overworked. The number leaving balances the number coming, so that our present membership remains at eighty-eight. Up to this time forty of our members are in military service. There has been a definite increase in the load of our work due to the proximity of the industrial plants, the military establishments, and the air bases.

Most of our meetings are held at Daniger's Cafe, where a comfortable room is placed at our disposal. Dinner meetings are customary, attendance has been good, and programs have been both good and well received. Ten meetings were held during the year, no meetings during July and August.

The doctors of our county enjoy a congenial atmosphere, with the doctors all friendly and helpful to each other, and enjoying also friendly relations with the general public. The people, as a whole, appreciate the way the doctors are accepting the increased load during the War emergency. The cultist groups have not been conspicuous, and there are probably no medical doctors in the county eligible to membership who are not supporting the Association fully.

About 95 per cent of our Association members also support the Public Health League.

RUSSELL I. JOHNSON,
Secretary.

Riverside County Medical Association

The Riverside County Medical Association has at present about fifty-five active members and about twenty in the Military Service.

The Association meets the second Monday night of every month at the Riverside Community Hospital. The program is usually of a scientific nature, and is followed by the business session of the Association.

A bulletin is issued by the Secretary the first of the month, and is generally sent out a few days before the regular meeting. It contains notes on business activities by the Council, and announces the program for the following meeting.

We have been very fortunate in having many of the noted men who are in the Armed Forces located near us, and they have given us numerous good scientific programs.

Riverside County has greatly increased in population and with about one-third less doctors to take care of people. The hospitals are full to capacity most of the

time. There is also a shortage of nurses, and at times we are unable to get private-duty nurses.

W. K. TEMPLETON,
Secretary.

San Bernardino County Medical Society

The San Bernardino County Medical Society now has a membership of one hundred eighty, forty-six of whom are serving in the Armed Forces. Seventeen new members have been admitted during the past year, with the loss of four by death, during the year, and three by transfer to other societies.

Death also took from us Major A. D. Neubert, M.C., who died in England on October 29, 1943, while serving his country in the Armed Forces.

Our regular meetings are held on the first Tuesday of each month, from October to June, inclusive, but have not been very well attended during the past year, owing to gas shortage and the extra work which all of our remaining active members have had to take care of.

But one postgraduate meeting was held during the past year, when the subject for discussion was "Tropical Diseases," the speakers being medical officers from the Naval Hospital at Norco.

ARTHUR E. VARDEN,
Secretary.

San Diego County Medical Society

Medical affairs have about leveled off now that the first years of war confusion have passed. The San Diego County Medical Society has a total membership of 354 with 25 applicants. Of these, 109 are in active service. During 1943, 35 new members were admitted. While everyone is overly busy, there is no marked shortage of medical care for the increased population. Practically all of the men eligible for medical service have gone in under the able guidance of the local Procurement and Assignment Committee, which has rendered noble and efficient service. If physical standards are lowered and the age limit raised, more will volunteer.

The pressure on hospital facilities has been reduced and will continue to be more so, with the opening of new facilities made possible in connection with the County Hospital by Federal funds. The County Board of Supervisors has been most understanding and cooperative in protecting both the private hospitals and private practitioners in opening the county facilities to other than county cases. The new facilities will not compete with either in the admittance of pay patients, if the proposed agreement is adopted. A shortage of nurses does exist. A serious situation is developing with regard to ambulance service, since the W.M.C. has so far refused to classify it as an essential industry. The curtailment in ambulance crews is forcing over half our ambulances into idleness.

Regular meetings are being held. The Naval Hospital here has been of great educational help in affording capable speakers from its staff. When these men are not available, our own members have taken hold as never before in presenting programs of value.

Affiliated Hospital Units are in the process of formation. The Emergency Medical Service of the O.C.D., while not as active as in the past, is still a live unit, ready for action, as needed.

Difficulties with the C.P.S. are yet to be ironed out, and the rumored reorganization of the body is being looked for with quite some interest. We are also watching with hope of a satisfactory solution, the conversations with the osteopathic physician and surgeon group, looking toward an adjustment of that problem.

In closing: we are still looking for some vital leadership in the problem of State Medicine, facing us at the present in Congress.

W. H. GEISTWEIT, JR.,
Secretary.

SECOND DISTRICT

Los Angeles County.

Donald Cass, Los Angeles, *Councillor.*

Los Angeles County Medical Association

The third year of the war, with its demand for Doctors of Medicine for military service, and its increasingly great shortage of physicians to care for the growing civilian need, has kept the Los Angeles County Medical Association very busy.

Through its public relations—which includes regular radio broadcasts, addresses before lay groups by members

of the Speakers' Bureau, and through the activities of numerous committees—the Association is becoming recognized by the laity as an authoritative source of information on health and medical questions. The information service which is available through the Association's telephone exchange at night, and from the headquarters of the Association during office hours, has become known to great numbers of people in this county. The number of calls received now is many times greater than before the war.

About a million new residents have come into Los Angeles County in the past three years. Most of these newcomers do not select a family physician until sickness makes it necessary. Therefore, one of the difficult responsibilities which is being met by the Association is to provide doctors to answer emergency calls, both day and night. To illustrate this demand, one physician was called upon to make, and did make, some 630 emergency calls within a ten-months' period.

Much constructive work has been accomplished by the Committee on Medical Defense, under the chairmanship of Dr. Louis J. Regan, who is also an attorney. A special Committee on Food Rationing, working in close cooperation with the Office of Price Administration, has been considering each day requests made by physicians for rationed foods for patients, when such requests have seemed excessive to the Office of Price Administration. This committee is under the chairmanship of Howard West, M.D.

A special Committee on Gasoline Rationing, under the chairmanship of Howard Bosworth, M.D., has worked diligently and successfully to insure every doctor a sufficient supply of gasoline for his professional needs. A program has been developed to insure enough gasoline for members of the medical profession, should the gasoline shortage become more acute. The Committee on Hospitals, Dispensaries, and Clinics has devoted much time and effort to the problem of hospital bed shortages in this area. Carl L. Mulfinger is chairman of this committee. The Committee on Procurement and Assignment, Clarence G. Toland, M.D., chairman, has continued to meet daily to carry on the work that was instituted several years ago.

General meetings of the Association have been held monthly during the fall, winter, and spring. In addition to these general meetings at which scientific subjects of immediate interest are presented, a series of Friday night lectures on medical jurisprudence has been presented. At one of these lectures fifteen judges of the Superior Court of Los Angeles County addressed our members on the subject, "Meet the Court." Several symposia on tropical medicine and other timely subjects are planned.

Fifty-six new members were added up to Feb. 1st, 1944, and the total membership of the Association on that date was 3024, of whom 779 were in Military Service.

The Association deeply appreciates the efficient services of its permanent staff. Stanley K. Cochems, executive secretary, has prepared and delivered two broadcasts each week during the year, acted as managing editor of the Bulletin, and efficiently performed the innumerable duties of his position. Hazel M. Granger, librarian since the retirement of Mrs. Mary Irish, has made many excellent innovations. The library is constantly acquiring new books, and is rendering valuable service to members, both in service and at home.

E. T. REMMEN,
Secretary.

THIRD DISTRICT

Inyo-Mono Counties, Kern, San Luis Obispo, Santa Barbara and Ventura Counties.

Harry E. Henderson, Santa Barbara, *Councillor.*

Inyo-Mono County Medical Society

Our Bi-county Medical Society has found itself dwindling in numbers during the past year. We have lost members, both to the Armed Services and to the airplane industry. Dr. C. L. Scott is in the Army, Dr. Howard Dueker is in the Navy, and Dr. Joseph Telford is in the San Diego Lockheed factory.

Our total membership now numbers six, two of whom are retired. However, we have two new memberships pending.

Most of our monthly meetings have been jointly with the Auxiliary. One of the most interesting was the November meeting, at which Dr. Buckheim of the State Bureau of Maternal and Child Welfare discussed with us the details of the E.M.I.C. Federal plan. The consensus of our Society is that the deal is pretty raw.

L. S. BAMBAUER,
Secretary.

Kern County Medical Society

Kern County Medical Society has a membership of seventy-four, with nineteen members in military service, as of January 1, 1944. Meetings of the Society are held on the third Thursday evening of each month, except in summer, at the Motel Inn in Bakersfield.

Dr. Juliet Thorner served as Program Chairman during 1943 and, in spite of wartime restrictions on traveling, a number of excellent papers were presented by guest speakers. Dr. Harry E. Henderson, Councillor for the Third District, reported on activities of the C. M. A. at the October meeting. In January, members of the Pharmacists' Association were present as guests, and Dr. T. C. Daniels, of the University of California, spoke on "The Service of Pharmacy to the Medical Profession." Many of the doctors in military service at Minter Field attended our Society meetings during the year.

The shortage of nurses and doctors has been keenly felt at the Kern General Hospital, and the changes among the resident staff have been rapid. The visiting staff members have helped alleviate the condition, and the Nurses Aide Corps has been of valuable assistance. At the Mercy Hospital the bed shortage has been acute at times. However, these shortages have not been of the magnitude of those in the more populated areas of the State.

Dr. C. I. Mead served as Chairman of the Kern General Hospital Staff, and through his efforts a Junior membership in the Society has been made available to the resident physicians. Dr. J. M. Kirby, Superintendent of the hospital, has cooperated with the visiting staff members in improving the varied medical and surgical services.

Dr. J. Headen Inman served as Chairman of the Committee to raise funds for the work of the National Physicians' Committee, and a total of \$400 was contributed by the membership. It is felt that the Society should continue support of the N. P. C. and of the Public Health League. Each member has contributed \$5.00 yearly as dues to the latter organization.

The Woman's Auxiliary has actively supported the efforts of the Medical Society, and are to be especially commended for their volunteer services to the program of the Nurses Aid Corps of the Red Cross. Mrs. C. B. Stockton has served as Chairman of the Corps.

Dr. J. M. Nicholson served as president of the Society. Other officers during 1943 were Virginia McNamara, vice-president, and Sophie M. Loven, secretary.

Serving on the Board of Directors were F. J. Gundry, C. S. Compton, C. I. Mead, J. M. Krevitt, J. Headen Inman, Lucille B. May, and Harry Lange. Delegates were F. J. Gundry and Seymour Strongin, with J. Headen Inman and Lucille B. May as alternates.

SOPHIE M. LOVEN,
Secretary pro tem.

San Luis Obispo County Medical Society

Meetings are held on the third Wednesday of each month; eleven in 1943, but no meeting in August.

The membership in 1943 was thirty-four, including five members in the Armed Forces. One member was lost by death and three members moved elsewhere. Three new members were elected to membership.

Most of the meetings were participated in by our own members, with several outstanding outside programs including, "Treatment of Varicose Veins," by Dr. M. Lawrence Montgomery of San Francisco; "Rupture of the Uterus," by Dr. Earl B. King of San Francisco; and "Meningitis," by Capt. Chester Johns of Camp San Luis Obispo.

So far, the present supply of physicians, nurses and hospital beds has been adequate to cope with the large influx of population because of two large army camps and a naval installation in the county. The individual load of each physician, however, has reached the point where any increase might lead to a serious need in the county.

Obstetrical beds have been occupied to capacity. In 1940 there were 547 births in the county; in 1943, there were 1,183 births. In the last three months, 344 obstetrical cases have been authorized in the county under the emergency program of the Children's Bureau, conducted by the State Department of Public Health.

We feel that, during the past year, the Society has made every effort to cooperate with agencies, such as the County Health Department and Red Cross, in attempting to take care of the problems created by the War, as they relate to the medical profession.

HARRISON EILERS,
Secretary.

Santa Barbara County Medical Society

The Santa Barbara County Medical Society has an active membership of 125. Regular meetings are held on

the second Monday of each month, except July and August, at 8:15 P.M., in the Bissell Auditorium of the Santa Barbara Cottage Hospital. It is the policy of the Society to have outstanding members of the medical profession from outside of Santa Barbara present papers at each meeting.

The January meeting is the annual banquet, which in 1943, was held in the Gold Room of El Paseo. Fifty-three members and guests attended.

Additional society members have joined the Armed Forces during 1943, so that at the present time there are forty members of the Santa Barbara County Medical Society in the Services.

Guest speakers during 1943 were:

March: Dr. Alson K. Kilgore, San Francisco: "Disorders of the Breast."

April: Dr. William Molony, President of the California Medical Association and Dr. George H. Kress, Secretary of the C. M. A. Also Major Charles Sebastian of the California Defense Council and Col. L. A. Emge, U. S. Public Health Service, each of whom spoke on Emergency Medical Evacuation Units.

May: Dr. Jeannette Noack, S.B. State College: "Elizabethan Medicine."

June: Dr. William T. Grant, Los Angeles: "Cerebral Injuries, Diagnosis and Treatment."

September: Dr. Donald Tollefson, Los Angeles: "Problems of the Cervix in General Practice."

October: Meeting, with Mr. Wm. Glenn Ebersole: "California Physicians' Service Problems."

November: Dr. Rudolph Schindler, Chicago, Illinois: "Gastroscopy and Chronic Gastritis."

December: Dr. Gurth Carpenter, Los Angeles: "Diagnostic Responsibility of Thrombocytopenic Purpura."

During 1943 twelve new members were added to the Society.

Dr. G. V. Hamilton, a revered member of the Society died during 1943, and his loss will be felt by all who knew him.

Except for the usual dislocations incident to the war, the S. B. County Society has ended another successful year with a sense of steady progress. Its relationship to the community organizations has been coöperative and many of the members are actively engaged in civic tasks, both related to and outside of the medical field.

A. B. WILCOX,
Secretary.

Ventura County Medical Society

The Ventura County Medical Society has a membership of fifty-four, nineteen of which are on inactive status without payment of dues because of military Service. We have lost three members through death, one in action with the Navy in the South Pacific.

Our meetings are held once monthly, on the second Tuesday at the Ventura County Club at Saticoy, and are well attended. Excellent meals are partaken of before beginning the business and scientific program.

As everywhere these days, there is a shortage of medical personnel and hospital beds; but the fine coöperation between the County and private institutions has held this inconvenience down to a minimum.

Members of the Society are active in both the American Tuberculosis Association, and the American Society for the Control of Cancer, and in recently formed civic groups for the study and correction of juvenile delinquency.

GERALD K. RIDGE,
Secretary.

FOURTH DISTRICT

Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare, and Tuolumne Counties.
Axcel E. Anderson, Fresno, Councillor.

Fresno County Medical Society

During the year 1943 the Fresno County Medical Society held ten regular meetings, with the months of July and August observed as a vacation period.

The Society meets at the University-Sequoia Club, and our scientific programs usually consist of a talk by one of the staff from the University of California Medical School.

We have 112 active members, 41 being with the Armed Forces. The scarcity of doctors was acutely felt during the recent flu epidemic, at which a temporary shortage of hospital beds was also noted. At the present time, however, it is believed that adequate medical care in this community is not lacking.

J. A. THORMANN,
Secretary.

Kings County Medical Society

The Kings County Medical Society in 1943 had an active membership of fifteen, with no new members added. Nine members of the Society have entered various branches of military service. Due to the present emergency only six meetings were held. There has been a lack of nurses and insufficient beds in private hospitals the past year.

ARTHUR ZEISMER,
Secretary.

Merced-Mariposa County Medical Society

Since a large percentage of our members have entered the various branches of the Service, the only business meeting held during the past year was on December 21, at which time the election of officers for the ensuing year took place.

It was decided that regular monthly meetings be held throughout the coming year, in spite of the fact that only a few are able to attend.

C. C. FITZGIBBON,
Secretary.

San Joaquin County Medical Society

Of our group of 119 active members, forty are now in military service. Omitted from the previous published list is Lt. Com. G. C. Richardson. During the past year one new member, Benjamin Winick, was received by election, and one member, R. V. Lozier, was received by transfer. Four members, H. C. Peterson, Eugene Gay, E. D. Augspurger, and C. D. Holliger were lost by death, and five members were dropped from the roll.

Meetings of last year were held monthly except in August, all at the Clubrooms of the Medico-Dental Building in Stockton, except when the Society was guest of the San Joaquin General Hospital and Stockton State Hospital staffs. The usual dinner sessions were entirely omitted.

The following programs and speakers were presented by the program committee, of which Elmer W. Smith, M.D., was chairman:

January—"Pathology and Etiology of Pneumonia and Influenza," by Monroe D. Eaton, M.D.

February—"Some Modern Concepts of Treatment of Varicose Veins," by Lawrence Montgomery, M.D.

March—"Peptic Ulcer": showing of the film made by Wyeth Laboratories.

April—"Management of Hypertension," by Francis Chamberlain, M.D.

May—Program by San Joaquin General Hospital Staff Members: "Uterine Bleeding in the Third Trimester," by Samuel Hanson, M.D.; "Intestinal Obstruction Due to Congenital Anomaly," by Benjamin Winick, M.D.; "Congenital Cystic Lung—Diagnosis and Treatment," by Elliott P. Smart, M.D.; "Traumatic Rupture of Inter-Auricular Septum," by Elmer W. Smith, M.D.

June—"Chest Disease Problems—Medical and Surgical Aspects," by Lt. Col. George S. Reynolds, Lt. Col. Garnett Cheney, Major William F. Hoyt, and Capt. Edward Denenholz, Members of medical staff, Hammond General Hospital.

September—Program by Stockton State Hospital Staff, by Karl Bowman, M.D., Langley Porter Clinic.

October—"Use of Baserlin in Third Stage of Labor," by W. Dayton Clark, M.D.

November—"Parasitic and Tropical Diseases," by Commander Paul Michael, Oak Knoll Naval Hospital.

December—"Arthritis," by Major M. E. Pusitz, Hammond General Hospital.

Besides these meetings there were two others sponsored by the Society. In May, in coöperation with the Office of Civilian Defense with local dentists, nurses and first-aid workers as guests, the following program was presented by the post-graduate committee, of which C. A. Broadus, M.D., was chairman.

"Experiences with Compound Fractures from the Pacific Combat Areas with Presentation of New Appliances for the Care of War Injured," by Lt. Commanders D. D. Toffelmeyer, Merrill Mensor, and H. I. Barnard; "The Paraffin Wax Treatment of Burns," by Lt. Com. Ralph C. Pendleton; "Operative Experiences with Peripheral Nerve Lesions from the Pacific Combat Area," by Lt. Com. Nathan C. Norcross.

Then in July, at a special meeting, the subject, "Prophylaxis, Care, Pathology and Treatment of Chemical Casualties," was presented through the sponsorship of the State Emergency Medical Service.

Although there is a shortage of physicians since all available men have been called into the military services,

the members are coöperating to the fullest extent in providing good medical care for the communities. There is a great shortage of nurses and there has been attempt to alleviate the situation by decreasing demands for special duty nurses. The number of available private hospital beds is inadequate, as was demonstrated acutely during the latter six months of the year. Members continue to render their services on the draft boards and the civilian defense organizations.

Two of the members have received great recognition the past year. H. S. Chapman, M.D., has been appointed to serve on the State Board of Medical Examiners. J. J. Sippy, M.D., is president-elect of the American Public Health Association. C. A. Broadus, M.D., succeeded H. S. Chapman, M.D., as Chief Medical Officer of Civilian Defense for Stockton and San Joaquin Counties.

DORA AMES LEE,
Secretary.

Stanislaus County Medical Society

The year 1943 was uneventful for the Stanislaus County Medical Society. Nine regular meetings were held, there being none in the months of July, August, and September. At present there are fifty-four doctors in the Society, thirty-nine members practicing in the County, and fifteen in the Armed Services.

H. R. GANT,
Secretary.

Tulare County Medical Society

Under the able leadership of Dr. Karl F. Weiss as President, and Dr. Frank Guido as Secretary-Treasurer, the Tulare County Medical Society had a full and active year. The same difficulties that prevail elsewhere were felt here. Despite the greatly increased burden of work of all the physicians in the county, the Society has maintained its unity and organization. A dinner meeting with an outstanding speaker has been held monthly, with the exception of the summer months. It is becoming increasingly difficult for societies away from the medical centers to find appropriate speakers.

There were 36 active members in 1943, in addition to 16 members in the Armed Services. The Society has taken an active part in the maintaining essential medical care, even to helping to prevent the complete depletion of dentists from our communities. In the same respect it has also aided in preventing the breakdown in medical care centers; such as protesting vigorously the proposed use of the Municipal Hospital by Osteopaths.

We regretfully acknowledge the death, during 1943, of Dr. Sherman Rogers, of Tulare.

JAMES C. MALCOLM,
Secretary.

FIFTH DISTRICT

Monterey, San Benito, San Mateo, Santa Clara, and Santa Cruz Counties.

R. Stanley Kneeshaw, San Jose, *Councillor.*

Monterey County Medical Society

There are seventy-six names on the roster of the Monterey County Medical Society. Of this number, twenty-six are serving in the Armed Forces of our country. A further analysis shows that seventeen members are in the Army and nine in the Navy.

Meetings are held on the first Thursday of every month, with the exception of the summer months, July and August. Several interesting programs were held during 1943. Major A. Sirbu, orthopedic surgeon from Fort Ord, spoke on "Fractures and Their Treatment" in January. In May, Lieutenant Alexander McLean, of the U. S. Naval Reserve, spoke on the subject of "War Neuroses." The June program was held at Fort Ord and was contributed to by the various medical officers stationed there. Dr. Anthony J. Rourke, of San Francisco, spoke at the October meeting on the subject of the "Modern Trend toward Socialized Medicine." In December, Dr. John C. Cline of San Francisco gave a report on the "Future of the Practice of Medicine." The meetings were alternated between the Del Monte Lodge at Pebble Beach and the Santa Lucia Inn in Salinas.

The Woman's Auxiliary of the Monterey County Medical Society continued their various activities of previous years. This group has always been helpful to the Society in its problems.

The Monterey County Public Health Department maintains clinics at Monterey, King City and Salinas. There is close coöperation between the staff of this department and the practicing physicians of this county.

ARNOLD MANOR,
Secretary.

San Benito County Medical Society

The San Benito County Medical Society has a total of eight members, three of whom are on duty with the Armed Services, leaving five in active practice at home. Meetings are held only on call of the president, the Society being rather inactive as an organization.

The population of this County has increased 2.9 per cent since the war, which has thrown an added load on the remaining physicians, nurses and hospital. However, we have not had the problem of the influx of population of the industrial centers, and are carrying on without too much difficulty.

JOHN J. HARUFF,
Secretary.

San Mateo County Medical Society

The present membership consists of 73 active members, 26 members in military service, and 5 associate members. During the past year there have been 2 members deceased, 8 new members. Applications on file, 4.

Regular meetings are held monthly, except during June, July and August; recently at the San Mateo County Blood Bank, or in Mills Memorial Hospital. For the past year, we joined the Mills Memorial Hospital staff, the meetings being featured with case reports, addresses by guest speakers, and a clinical-pathological conference.

The ratio of practicing M.D.'s to civilian population in the County is 1 to 1965. A definite nurse shortage exists, and many nurses have contributed an extra 8 hour shift daily to a needy private case, after finishing their regular 8 hours of duty. All hospital beds are usually filled. Arrangements have been made to transfer private patients to the Community Hospital (San Mateo County Hospital), under the care of private physicians, when necessary, but to date the actual need to resort to this procedure has not occurred. Private hospital beds, however, are available only for very sick patients.

During the past year the San Mateo County Medical Society placed itself on record as opposing the approval of membership applications of new physicians unless they previously were cleared by the Procurement and Assignment Committee. This action aimed to: (1) Protect the practices of members in the Armed Forces temporarily away; (2) Assure coöperation in the aim of the Procurement and Assignment Service to supply adequately all areas with medical care, and encourage location of M.D.'s in medically-depleted areas.

LOGAN GRAY,
Secretary.

Santa Clara County Medical Society

The Santa Clara County Medical Society now has eighty members in the Armed Services, with 150 remaining in civilian practice. There have been thirteen new members elected during the year; and three members have died during the year.

Attendance at regular meetings has been very good. No meetings were held in July or August. At the January meeting which, as usual, was held at the Santa Clara County Hospital, the staff presented an interesting summary and discussion of cases, and prizes were awarded for the best essays. The April meeting was held at Agnew State Hospital, where the staff presented an interesting scientific discussion. Other meetings have stressed the scientific aspects of medicine, though the trend of medical economic affairs has received considerable attention.

While physicians in civilian practice here are finding a considerable load, no actual shortage has existed. The hospitals continue full, but no serious difficulty has been encountered in securing accommodations for ill patients.

There has been very active coöperation between the Medical Society and the American Red Cross. This has applied particularly to the Home Service and the Visiting Nurses Departments since this relates to the care of families of service men and service men on furlough. It is contemplated that the Medical Society will coöperate in the formation of a Visiting Nurse Association in San Jose.

During the epidemic of poliomyelitis, the coöperation between the county hospital, the community physicians and the public was very satisfactory, and many retired nurses entered the county hospital service, frequently without a fee, and gave much time with the Kenney treatment, to the care of patients.

Continued effort is being exerted to safeguard the interests of the physicians who are in the Armed Services.

FRED W. BORDEN,
Secretary.

Santa Cruz County Medical Society

Despite wartime restrictions and limitations a very

successful year was had by the Society in 1943 under the qualified leadership of President Frederick P. Shenk. The schedule of meetings for the year was streamlined to a total of four. In February we were addressed by Doctor W. E. Carter, of the University of California Out-Patient Department, on the subject "How Our Clinic Can Be of More Assistance to Practitioners of Medicine During This Emergency." Also present was Doctor Hans Walne, of the University of California Medical School, who presented a paper on "Some Modern Concepts of Etiology, Pathology and Treatment of Arthritis." The April meeting was devoted to the subject, "Acute Surgical Abdominal Problems," and the speaker was Doctor Leon Goldman, also of the University of California Medical School. In October Doctor Verne T. Inman, another member of the University of California Medical School staff, presented a paper on "The Sacroiliac and Lumbosacral Regions of the Back." The December meeting was held at Camp McQuaide, near Watsonville, and consisted of an interesting and instructive tour of a typical Army station hospital. The annual business meeting was held at this time. Our membership, as of January 1, 1944, was 45, with 14 absent in active military service.

SAMUEL B. RANDALL,
Secretary.

SIXTH DISTRICT

San Francisco County.
John W. Cline, San Francisco, *Councillor.*

San Francisco County Medical Society

The year began with an effort on the part of the Society to prevent acquisition of the Dante Hospital by the United States Army. J. W. Cline, L. H. Garland and A. J. Rourke went to all proper lengths to save the Dante Hospital for the civilian population of San Francisco, interviewing General DeWitt, Mayor Rossi and representatives from the Office of Civilian Defense—all without success. As time has passed, it is our opinion that this effort on the part of the officers of the Society was a wise one, and that it was unfortunate that their efforts were not successful.

At almost the same time, namely, in February, 1943, Harold A. Fletcher asked for the assistance of the Society in an attempt to secure physicians for war industries. A large and extremely active committee was appointed representing the various hospitals in the community, a list of names was obtained and in many cases individuals were interviewed to determine their willingness and availability for this service. While the results were not all that could be wished, it may be said that a sincere effort was made to cooperate with Doctor Fletcher and with A. E. Larsen, Medical Director of California Physicians' Service. Progress was made in securing physicians for the various war industries.

Early in the year Doctor Fletcher asked the Society to concern itself with the problem of medical care for Negroes. A committee was appointed under the chairmanship of Russel F. Rypins and included Charles W. Barnett and Saxton Pope, who rendered outstanding service during the year by their efforts to establish a privately run clinic for the purpose of providing proper medical care for Negroes. Meetings were held with Mr. Robert Flippen, Negro Director of the West Side Housing Project, who was 100 per cent behind this type of medical care for the Negro population, emphasizing that the Negroes of San Francisco did not desire segregation or free care. This committee is still active. A clinic operated by three members of the Society was established on a private practice basis and provides care from 9:30 a.m. to 8:00 p.m.

The Hospital Liaison Committee was active. After Dante Hospital was taken over by the Army all possibilities for expansion in the remaining hospitals in the city were explored and a total of 120 additional beds thus provided. The possibilities of more rapid turnover through the cooperation of the medical men was also suggested and through the efforts of the San Francisco Hospital Conference and the Liaison Committee the bed situation has so far not become too acute.

Certain difficulties were encountered by the Emergency Medical Service of the San Francisco Civilian War Council. Drs. Anthony J. J. Rourke and Henry Gibbons, III, outlined their requirements for a smoothly running emergency medical service which was backed by the officers of your Society. Mr. Frederick J. Koster, then chairman of the San Francisco Chapter of the American Red Cross, proved to be extremely courteous and receptive to these ideas at his meetings with the Executive Committee. At his invitation, a member of the County Medical Society was chosen to sit on the Board of the Red Cross, an event which has been the desire of the San Francisco

County Medical Society for several years. A special committee was also appointed consisting of Doctors Rourke and Ward for the County Medical Society, and Mr. Charles Wollenberg and Mr. Russell D. Carpenter representing the Red Cross. This Committee interviewed the various interested parties and developed a program of organization which was passed by the Society and is now being considered by the Red Cross. It is to be hoped that an amicable settlement of this matter will lead to continued cordial relations between the Red Cross and the Society, since it is to be expected that they will of necessity work together on many problems in the future.

With the advent of food rationing, doctors were soon assailed with problems of adequate diets for patients. It became obvious that some central medical agency must be provided to supervise and control the issuance of extra food rations for the benefit of the patients, the protection of the physicians, and especially since lay ration boards could scarcely be expected to determine the justice of requests from physicians for their patients. Mary Mathes was appointed chairman of a committee consisting of H. Clare Shephardson, John W. Cline and Anthony B. Diepenbrock, who have met weekly and passed upon all requests for additional rations for this district. The members of this committee deserve wholehearted thanks for their splendid efforts. So far there have been no complaints either from physicians or members of the ration boards regarding the efficient and fair manner in which this committee has handled its duties. It should be mentioned that two months after this committee was in operation, authorities in Washington wired San Francisco asking that a food committee be appointed. An entirely separate committee was appointed to satisfy the Washington request but so far as is known the latter committee has never functioned.

One of the outstanding achievements of the year has been the satisfactory functioning of the 24-hour, seven-days-a-week telephone service for supplying names of physicians to patients who have no regular physician. There appears to be great need for this service as 10,500 such calls were handled since the 24-hour service was instituted early last year.

Several times during the year the matter of opening the San Francisco Hospital to private patients was discussed. It is of course to be hoped that this eventuality can be avoided. In the event of an epidemic, however, or a great increase in illness during the winter it is entirely possible that this problem must be faced by the Society. It seems obvious that no citizen can be allowed to suffer for lack of adequate hospital facilities. Certain vexing problems, however, such as the staffing of additional beds by both medical and lay personnel become at once apparent.

The request from the American Women's Voluntary Services for the supplying of physicians for examining women sent into agricultural work was complied with.

The Federal Children's Bureau plan for supplying medical care to the wives and infants of service men of the lower four grades was taken up at several different meetings. The aim of the plan was heartily endorsed by your Society, but the method of financing medical services was disapproved. The Children's Bureau plan calls for the payment to physicians directly for their services. Regardless of the fee involved it was thought that the individual in question should be paid and the physician reimbursed directly by the patient.

The problem of private duty nursing in hospitals proved to be a difficult one. The president and secretary met with the hospital administrators and representatives of the private duty nurses and agreed to appoint a committee to represent the views of the County Medical Society in the future disposition of this problem. This committee consists of Rodney R. Beard, chairman; Frederick H. Rodenbaugh and Verne T. Inman. So far it may be said that the policy of the County Medical Society has been to back any plan which is satisfactory to the nurses, the hospital administration and which at the same time renders adequate service to the patients in need of it.

Over the dead bodies, figuratively, of several of the members, the Society held a seventy-fifth anniversary celebration. Always alive to the possibilities of publicity, its unflagging publicity expert, Mr. William J. Losh, pointed out that the November meeting would celebrate either the ninetieth or seventy-five anniversary of the Society. After extensive research it was finally concluded that the Society had been in unbroken existence for seventy-five years and therefore the Diamond Seventy-fifth Anniversary Celebration would be proper. Largely through the efforts of Francis L. Chamberlain, chairman of the Program Committee, two very successful meetings were held at the two university hospitals on the morning of November 7 and a symposium on the future of medicine was held at the home of the Society in the after-

noon. The papers of Morris Fishbein and Anthony J. J. Rourke were published in the Society's December Bulletin and those of Morton R. Gibbons, Sr., and Walter H. Brown will be published in the coming issue of CALIFORNIA AND WESTERN MEDICINE.

Many other matters of interest were dealt with during the course of the year, but most of them led to no major developments and it is scarcely necessary to report them here.

Under the able direction of Curtis E. Smith the Blood Bank has continued to progress and enlarge its service to the community.

CHESTER L. COOLEY,
Secretary.

SEVENTH DISTRICT

Alameda and Contra Costa Counties.
Frank R. Makinson, Oakland, *Councillor.*

Alameda County Medical Association

The Alameda County Medical Association has carried on its usual business, including scientific meetings, in spite of the pressure occasioned by the emergency. General meetings have been held on the third Monday of each month, except for the vacation period of July and August. The scientific programs have been of the usual excellence with a number of guest speakers, doctors in the medical divisions of the United States Army and Navy, who brought us stimulating reports on medical practice in the Armed Forces. Fewer new members have entered the Association this year than usual, but this was to be expected under existing conditions. There has been a healthy growth and expansion on the part of our library, and it is interesting to note that its use was more extensive in the past year than formerly. A marked increase in interest in industrial medicine has been noted. During the year we have provided for the admission of newcomers on a temporary membership, thus eliminating the six months' waiting period without endangering the high standards maintained by the County and State Associations. This is a local arrangement, and does not affect membership in the California Medical Association or the American Medical Association, but has given us an opportunity to welcome new men, and to become acquainted with them in order that they may be evaluated for permanent membership at a later date.

GERTRUDE MOORE,
Secretary.

Contra Costa County Medical Society

The following is the report of the Contra Costa County Medical Society for the year 1943. The membership totaled fifty-six active members; the following six members being in Military service—Drs. Gaines L. Coates, H. B. Flanders, John J. Fitzgerald, Paul F. Winn, C. E. Dietderich, and E. L. Howe.

Ten meetings were held during the year, on the second Tuesday of every month; each meeting consisting of a business session and a scientific program conducted by guest speakers.

The medical care problem for the war workers and families in Richmond has become an acute one, due to the shortage of doctors, nurses, and hospital beds; but machinery has been set in motion, for the relief of the problem, through cooperation of the C.M.A.

GEORGE C. KELSO,
Secretary.

EIGHTH DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Placer-Nevada-Sierra, Plumas, Sacramento, Shasta, Sutter, Tehama, Yolo, and Yuba Counties.

Frank A. MacDonald, Sacramento, *Councillor.*

Butte-Glenn County Medical Society

Due to the exigencies of the war and resulting increased duties of members, only six meetings were held during the past year. One was with the Staff of the Chico Army Air Field, four were addressed by speakers from San Francisco, and one was a talk by the president of our society, who gave his report on the California Medical Association meeting in Los Angeles, to which he was a delegate.

The attendance at these meetings was less than half of that a couple of years ago, as the men from outside Chico no longer come in. Two factors are responsible: the gasoline and tire shortage, and the increased amount of practice.

Our effective strength in membership, in Butte and

Glenn counties, is only fifty to sixty per cent of what we had in past years, and the interest in the meetings has suffered as a result. With the departure of most of our young men, the older members are the only ones to attend the meetings, and they feel that rest and relaxation are the best antidotes for a hard day's work.

Twelve men from this community are in the Service. Eight of these are members, and the other four are prospects for the future, provided they return to Chico.

The Woman's Auxiliary had several meetings and, when called upon, have given valuable assistance to our Society.

J. O. CHIAPPELLA,
Secretary.

Lassen-Plumas-Modoc County Medical Society

The Lassen-Plumas-Modoc County Medical Society now has 21 members—16 active, and 5 in the Armed Service. There will be one eligible new member in the area as soon as he has been here the required length of time. As with other areas in the West, we have had an increase in population without increase of doctors. A hospital has been established at Herlong, California, to care for the personnel at the Sierra Ordnance Depot.

A meeting is to be held on March 4, 1944, in Susanville, at which time we will have an election of officers and see films on medical subjects.

J. W. CREVER,
Secretary.

Placer-Nevada-Sierra County Medical Society

Due to war conditions and restrictions regarding gasoline and tires, only two meetings were held during the 1943 calendar year:

1. A special meeting of September 4, 1943, at which time there were five members present. This was held to discuss the Federal Children's Bureau Plan for obstetric and pediatric care of wives and infants of enlisted men and also the proposed new constitution and by-laws. Dr. Frank MacDonald, of Sacramento, Councillor for the Eighth District, was present, and discussed the Federal Children's Bureau Plan.

2. The annual meeting of November 13, 1943, at which time the following officers were elected for the ensuing year: President: George A. Foster, M.D., Grass Valley; Vice-President: Paul D. Barnes, M.D., Loomis; Secretary-Treasurer: Robert A. Peers, M.D., Colfax; Delegate: William M. Miller, M.D., Auburn; and Alternate: Max Dunlevitz, M.D., Auburn.

At this meeting also, the new constitution and by-laws were adopted. These were presented by a Committee consisting of Robert H. Eveleth, M.D., C. E. Lewis, M.D., and Robert A. Peers, M.D. Preparation of the constitution and by-laws was largely the work of Mr. Hartley F. Peart, and the members of the Placer-Nevada-Sierra County Medical Society wish to take this opportunity to express to him and his associate, Mr. Hassard, their thanks and appreciation for their splendid assistance, and for the fact that no charge was made.

The membership of the Society is now forty, which includes one retired member.

ROBERT A. PEERS,
Secretary.

Sacramento Society for Medical Improvement

The Sacramento Society for Medical Improvement meets at 8:30 p.m. on the third Tuesday of each month in the auditorium of the Nurses' Home at Mercy Hospital, 40th and J Streets. No meetings are held during the vacation months of July and August. Programs are arranged by a committee, and the December meeting is devoted to Society business and the election of officers for the ensuing year. No bulletin is published by the Society, but the programs of the meetings are announced on printed notices which are sent to all local physicians and other interested physicians in nearby communities. Notices of the monthly meetings are also sent to physicians in Military Service at the adjacent Army posts. The following speakers and programs were presented during the year:

January 19—Dr. Raymond Simmonds discussed the subject of "Spontaneous Subarachnoid Hemorrhage."

February 18—Dr. Edwin E. Osgood, Professor of Experimental Medicine at the University of Oregon Medical School, spoke on "Clinical Application of Sulfonamide Drugs."

March 20—The seventy-fifth Annual Banquet was held at the Del Paso County Club.

April 20—Dr. Carl E. Burkland spoke on the "Diagnosis and Treatment of Trauma to the Genito-Urinary Tract."

May 18—The Society was the guest of Camp Kohler for dinner, following which an interesting scientific program was presented by the officers of the medical staff.

June 15—Dr. Henry M. Bockrath presented a paper on "Modern Concepts of Genito-Infectious Diseases."

July 20—A special meeting of the Society was held for a program on "Chemical Warfare," the speakers being Dr. Chamberlain and Dr. Bennett of the University of California.

September 22—Dr. Horace McCorkle, Assistant Professor of Surgery, University of California Medical School, presented a paper on "The Regulation of Fluid Therapy in Surgical Cases."

October 19—"The Treatment of Menorrhagia" was the subject for discussion by Dr. Daniel G. Morton, Associate Professor of Obstetrics and Gynecology, University of California Medical School.

November 16—Lieutenant Commander J. C. Moloney, M.C., U.S.N.R., gave a talk on the "Cornelian Corner."

December 21—Annual Business Meeting of Society with election of officers.

The Society has a membership of 174, a gain of 7 members during the last year, of which 45 are in the Armed Services. One member, Dr. W. F. Lowe, died in 1943.

The Society approved the principle, but condemned the method of administration of the Federal Emergency Maternity and Infant Care Program, and in August advised all parties concerned that the members of the Sacramento Society for Medical Improvement would not participate in the plan as originally devised after January 1. The Society favors the payment of any Government funds directly to the patient as an allotment, and feels that any other plan is undesirable, and a form of socialized medicine. It was felt that the filling out of numerous forms, and the requirement that the Doctor get "permission" from some Bureaucrat for the various so-called "special services" could not be tolerated. A committee, appointed by the President, devised a single simple form eliminating all bureaucratic interference. In protest against the Federal Plan the members are refusing also to accept payment from the Federal Government or from any other source for professional services rendered to patients certified for these benefits. Pending further attempts to have this money given to the patient as an allotment, the Society's plan is operating with the coöperation of the local hospitals and local and State Health Departments, and the patients are being given excellent and efficient service gratuitously by the Doctor.

CARL E. BURKLAND,
Secretary.

Shasta County Medical Society

The Shasta County Medical Society has a total active membership of 17. Eight others are in the Army. During the year 1943 one of our oldest and most esteemed members, Dr. Ferdinand Stabel, passed away; two new members were admitted; two members transferred from the Society.

The Society meets regularly the second Monday of each month, except during June, July, and August.

There is no unusual shortage of doctors, except in the specialty of eye, ear, nose and throat. The nurse shortage is acute and serious. By shortening the period of hospitalization as much as practical, there is an adequate number of hospital beds at this time.

Our chief community problem relates to the establishment of a Public Health Department for the City of Redding and Shasta County. A coöordinator is needed very much.

JOHN E. KIRKPATRICK,
Secretary.

Tehama County Medical Society

The Tehama County Medical Society has an active membership of seven physicians, and the meetings are held either in Red Bluff or Corning at the call of the President, Doctor F. L. Doane. Doctor O. T. Wood is now serving as Lieutenant in the Navy and Doctor R. I. Thompson is in defense work in England. Doctor E. R. Wilson, formerly of Indianapolis, has been elected a member of the Tehama County Medical Society. Our local hospitals have just about been able to take care of the necessities of the community. All the medical men are coöperating fully in respect to all the local defense problems, and in Public Health and School meetings.

R. G. FREY,
Secretary.

Yolo County Medical Association

During the past calendar year the Yolo County Medical

Society has continued to be very active. We have been fortunate to obtain unusually good speakers for our programs and our attendance has been very good. The meetings have consisted of a scientific discussion on each occasion. The speaker, without exception, has given an interesting and worthwhile address. Our total number of active members at present is sixteen, while the number of members in the Military Service is twelve.

The medical care of the imported farm laborers was one of our greatest medical problems and was quite similar in 1942. Approximately 1700 Mexican Nationals and 450 Navajo Indians were imported into our county. The medical expenses for both groups were borne by the Agricultural Workers' Health and Medical Association. Both groups speak little or no English; thus the language difficulty is a real problem. In addition to the above, there was an influx of about 3000 migratory workers.

The Society has contributed, as a group, and many members have contributed additional funds indirectly to the National Physicians' Service.

EMERY LEIVERS,
Secretary.

Yuba-Sutter-Colusa County Medical Society

Nine regular meetings, two of which were luncheon affairs, as well as several special sessions, of the Yuba-Sutter-Colusa County Medical Society, were held in 1943. The regular meetings were on the second Wednesday of each month in the Hotel Marysville in Marysville. No meetings were held in July, August, or September.

Dr. F. P. Wisner served as Program Chairman, and many excellent programs of scientific and educational interest were presented. Notices of the meeting were sent regularly to the medical officers of the station hospital at Camp Beale. Speakers at the meetings were from the staffs of the University of California or The Stanford Lane Hospitals. The members of the Society also attended several medical meetings at Camp Beale.

The roster of active members now numbers sixteen. Twelve members are in the Armed Forces. One new member, Dr. R. Frantz, public health officer, has been added since last year. Death took Dr. E. E. Gray, well-known and esteemed as a physician who practiced for thirty years in this area.

HARRY H. CLEMENS,
Secretary.

NINTH DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties.
John W. Green, Vallejo, Councilor.

Humboldt County Medical Society

For the year 1943, the Humboldt County Medical Society had a paid up membership of twenty-five. Dr. Ernest Gianotti, of Scotia, was our only new member for the year. We lost one member, Dr. M. P. Huff, by transfer. One of our old members, Dr. E. J. Hill, was claimed by death. Two members were dropped for non-payment of dues. Dr. Howard Finke, of Crescent City, volunteered for active duty with the Medical Department of the U. S. Navy. Dr. Lloyd B. Lawton, who has taken over the full-time position as a medical director for the Humboldt County Community Hospital, is transferring his membership here from Yuba County.

We were able to get outside speakers for only three meetings during the year because of our remote location and because of transportation problems. At the other meetings, local professional and business problems were ironed out. The marked increase in industrial cases, and the care of new families brought here by the shipyards were finally worked out and the local doctors were able to meet the situation without calling on the Public Health Service or the Procurement and Assignment Committee for help.

Dr. C. C. Falk, Sr. (one of our Grand Old Men in medicine), consented to serve as president during the year 1943, after having finished out the latter part of 1942, when we lost three consecutive presidents to the Armed Forces.

The cancer, heart and tuberculosis educational campaigns were carried out in conjunction with the Woman's Medical Auxiliary.

Because of the marked influx of population there has been many instances of bed shortages in the private hospitals. However, beds were available in the County Hospital and some private patients had to be sent there. The increased industrial use of former indigents and unemployables has caused a marked decrease in the number of patients at the County Community Hospital. There

has been quite a shortage of nurses, and it has been necessary to use many practical nurses to supplement the services of our registered nurses. Plans are on foot for starting a local training school for nurses in conjunction with Humboldt State College.

Humboldt County has had a prepayment health and hospital plan, run by organized labor, for over thirty years. In addition, some of the large lumber companies employ a "company doctor" to look after the health of their workmen. However, none of these systems have provided care for wives and children of the laborers, and they do not offer free choice of physicians.

Because this community is receptive to prepaid health plans, and because of the large proportion of workers, this is a fertile field in which to sell California Physicians' Service. The Fortuna teachers, the State employees and a few other groups have bought California Physicians' Service, but there has never been any attempt here to sell this service to the people.

J. S. WOOLFORD,
Secretary.

Marin County Medical Society

The Marin County Medical Society had a very satisfactory year in 1943. At present the membership is 33. Three new members were accepted by transfer. Nineteen members are in the Army and Navy. One member received a medical discharge from the Army, and in turn was given a transfer out of the Society. We have not had any losses this past year by death.

The Society held eight meetings during the year, with an average attendance of 22. This was very good considering the rush of work. Two joint meetings were held with the Auxiliary. Good speakers were obtained from San Francisco, and this kept the Society alive and active. A feeling of cooperation has continued to exist.

The doctors have all been very busy, but have done their work without complaint. The nursing situation has been somewhat discouraging. There have not been enough nurses to do general duty, and specialists have been at a premium. The prospect for improvement in the future is dark.

The two hospitals in the county are always crowded, and there is always a waiting list. The obstetrical patients have often been sent home on the third day after delivery to make room for another who needed the bed immediately.

CARL W. CLARK,
Secretary.

Mendocino-Lake County Medical Society

During the year 1943 there were nineteen members in the Society. In addition, there are now ten members in the Armed Forces. Our last meeting, well attended, was of vital interest, since there was a discussion of "poliomyelitis," at the height of the epidemic in Northern California.

LOUISE E. PETTY,
Secretary.

Napa County Medical Society

Business and scientific speeches were held approximately every other month during the year 1943.

There was considerable discussion at several meetings regarding the care of wives of men in the Service. The consensus of opinion was that, regardless of the method more or less arbitrarily instituted by Washington, these patients should be cared for and would be cared for by our members, but every effort would be made to induce a different method by which our members would be compensated.

A considerable problem resulted due to the influx of Mexican Nationals who are being used as agricultural workers. It was voted that the men in private practice in our county should accept the care of these laborers when called upon to do so.

The annual meeting of the Society was held at Yountville, November 3, 1943. The guest speaker was Doctor William J. Kerr, Professor of Medicine, at the University of California. The following officers were elected: President, C. H. Bulson; Vice President, Charles Calkins; Secretary and Treasurer, M. M. Booth; Delegate, Dwight H. Murray; and Alternate R. C. Burkett.

It should be mentioned here that Doctor Charles Bulson, the newly elected president, has just completed his fiftieth year in the practice of medicine.

The dues of the Napa County Medical Society were voted to be increased to twenty-five dollars a year at the meeting held on December 8, 1943.

At the above stated meeting we had a discussion as to

whether we should have a representative at the National Capital. Dwight H. Murray, Chairman of the Legislative Committee, reported that eleven western state societies would be represented at a meeting in Salt Lake City to discuss the question of developing an information bureau in the National Capital in order that members of the National Congress could have immediately available information regarding legislation that involves medical problems.

Members of our organization are serving in the Armed Forces as medical officers in almost every theater of war. The members at home in active practice are, we believe, satisfactorily carrying on and rendering proper service to our respective communities.

M. M. BOOTH,
Secretary.

Siskiyou County Medical Society

Due to the limited membership in this county unit, the number of colleagues who have gone into Military Service, and also because of the great geographical area this County of Siskiyou covers, it has not been possible to maintain the regularity of meetings during the last year.

However, the members of the county unit who are still in civilian practice maintain their contacts and so far as immediate needs are concerned, are safeguarding the best interests of the profession.

F. W. MARTIN,
Secretary.

Solano County Medical Society

The following is a review of activities of the Solano County Medical Society for the year 1943.

Solano County now has 71 licensed physicians and surgeons, of whom there are, as active members of the Solano County Medical Society: in practice, 41; in Armed Forces, 5; in public health work, 2; in full time CPS work, 8; in full time school work, 1; in medical administration, 2; retired, 5.

On January 12, 1943, Drs. W. E. Carter, Herbert F. Traut privileged us as guests. Dr. H. F. Traut spoke on the topic, "Sulfonamides in the Treatment of Infection in the Female Pelvis."

On February 9, 1943, Dr. Karl Bowman spoke to the Society on "Treatment of Alcoholism."

March 9, 1943, Dr. Edwin Bruck presented "Clinical and Pathological Observations in Coronary Disease," to the Society.

On April 13, 1943, Dr. Randolph Flood delivered an address on the subject of "Infectious Diarrhea in the New Born."

May 11, 1943, Dr. Henry Brainerd, of the University of California Medical Staff, spoke on the "Practical Use of Sulfonamides."

A special meeting was held May 25, 1943, at the Vallejo Health Center, for the purpose of considering the operation of CPS in our area.

On June 8, 1943, the members of the Solano County Medical Society were the guests of Capt. J. P. Owens and Staff, of the U. S. Naval Hospital, Mare Island, and were entertained with a wonderful dinner and a very instructive program of war reconstruction work now being performed at this hospital.

On July 13, 1943, Dr. Francis L. Chamberlain spoke on the "Recent Advances in Treatment of Heart Disease."

On July 29, 1943, the annual Four-County Medical Meeting was held at the Sonoma Golf Club, with Sonoma County acting as host.

August 3, 1943, twenty-four members of the Solano County Medical Society attended a special meeting, the purpose of which was to bring together the various interests instrumental in originating and promoting the idea of a new hospital in Vallejo, and its designing, planning and construction; joining the representatives of the City of Vallejo who will open and operate the hospital, in conjunction with physicians who will be responsible for professional services to be rendered.

On the evening of August 10, 1943, twenty members of the Society had the privilege of listening to Dr. Morton R. Gibbons, Medical Civilian Defense Officer for Northern California, and his staff, who presented an outline of the use and control of gas in warfare.

On the evening of September 14, 1943, members of the Society, together with the following guests: Dr. A. E. Larsen of C.P.S., Mr. Kelly of C.P.S., Dr. L. Gries and Dr. A. E. Pennes of U.C. Staff, met at the Astor House, for dinner, following which urgent matters of business were considered.

On October 12, 1943, Dr. Percy S. Pelouze addressed the Solano County Medical Society on the topic, "New

Aspects of the Diagnosis, Treatment and Control of Gonorrhea."

On October 19, 1943, a special meeting of the Solano County Medical Society was held at the Vallejo Health Center. Dr. Cary A. Snoddy presiding. The program embodied reports on Federal Children's Bureau maternity-pediatric plan.

On November 9, 1943, Dr. L. F. Hawkinson addressed the Society on "Endocrines in General Practice." The talk was illustrated with lantern slides.

On December 14, 1943, members and guests met at the Astor House for a social evening. Dr. John Green acted the part of Santa Claus and distributed presents from the Josh Christmas Tree.

The shortage of doctors is being partially met by doctors brought into Vallejo by C.P.S. There is still a great shortage of nurses. The hospital bed shortage will be met with the opening of The Vallejo Community Hospital, two hundred and fifty beds. The hospital will be open on or about March 20, 1944.

California Physicians' Service has had a full year of activity, many problems have been solved, and the financial situation changed from bankruptcy to a full two-fifty unit.

CHARLES H. WIDENMANN,
Secretary.

Sonoma County Medical Society

The Sonoma County Medical Society membership is now 73. During the year there were seventeen members serving in active duty in the Armed Forces of our country. There were six new members taken into the Society during the year. No members resigned. One member was deceased.

Meetings of the Society were held regularly each month on the second Thursday. The regular meetings always included special speakers on timely subjects of medical education. One special business meeting was held prior to the annual meeting of the California Medical Association. In July the Society met in joint meeting with the Societies of Marin, Napa, and Solano County at a special symposium on the Treatment of Burns, at the Mare Island Naval Hospital, at Mare Island. In August the Sonoma County Society was the host Society to a 4-County meeting held at the Sonoma Mission Inn Golf Club, and included the Societies of Sonoma, Napa, Marin, and Solano. Dr. Karl Schaupp, President of the C.M.A., was the principal speaker of the evening and discussed important problems before the C.M.A. Dr. George Kress and Mr. Ben Reed also spoke. The October meeting was held with the Councilor, Dr. Green, of Vallejo, and Dr. Dwight Murray, Chairman of the Legislative Committee of the C.M.A., who brought to the Society interesting information on the Murray-Wagner-Dingle Bill and other important subjects confronted by the C.M.A. The November gathering was a joint meeting with the County Medical Society and the Medical Staff of the Sonoma County Hospital, and consisted of a program of special cases presented by the Staff of the Hospital and also an educational talk by Dr. Glenn Bell, Associate Professor of Surgery, at the University of California.

One of the projects during the year was the establishing of an office of the C.P.S. in Sonoma County and the introduction of C.P.S. surgical policy for the people of Sonoma County.

E. D. BARNETT,
Secretary.

MEDICAL EPONYM

Poncet's Disease

Antonin Poncet (1849-1913), professor of surgery at Lyon, published a paper, entitled "Faits de polyarthrite tuberculeuse simulant des lésions rhumatismales chroniques déformantes [Tuberculous Polyarthritis Simulating the Lesions of Chronic Deforming Rheumatism]" in *La lancette française, gazette des hôpitaux civils et militaires* (70:1219, 1897), a portion of which is translated below:

"On very careful examination it is seen that we are dealing with a deforming polyarthritis of tuberculous nature. It is a bacillary bony manifestation, usually in young subjects. It may be seen in older persons and then is difficult to distinguish from chronic deforming rheumatism."—R. W. B., in *New England Journal of Medicine*.

MEDICAL EPONYM

Schmorl's Disease

Dr. Christian Georg Schmorl (1861-1932), discussed "Ueber-Dehnungs-und Zerreissungsvorgänge an den Bandscheiben und ihre Folgen. [Events Preceding Expansion and Rupture in the Menisci and their Results]" at the twenty-second session of the Deutsche Pathologische Gesellschaft in Danzig, June 8 to 10, 1927. A report of his presentation may be found in the *Centralblatt für allgemeine Pathologie und pathologische Anatomie* (40: 244-246, 1927). A portion of the translation follows:

"The normal turgor of the menisci may thereby so injure the spongiosa of the vertebral bodies as to lead to an abnormally marked indentation of the menisci. This is particularly the case if the spongiosa has deteriorated as the result of disease of the bone substance or the marrow, and its weight-bearing capacity damaged. . . .

"Under normal conditions also an injury to the spongiosa may result from the pressure due to turgor. This injury may be especially observed in young persons in whom endochondral growth is in process of conclusion or indeed has ceased. The injury is here limited to the region of the nucleus and is most probably to be attributed to a deterioration of the cartilage plates. . . .

"As a result of the indentation of the menisci there takes place an extension and thinning of the cartilage plates. Finally, excessive expansion, characterized by the formation of delicate fissures and rupture, occurs, usually in the nuclear region on both surfaces of one and the same meniscus at symmetrically located points. . . .

" . . . cavities of greater or lesser size arise in the spongiosa. . . .

Cartilaginous nodules appear, which frequently lie at symmetrically situated points of the two surfaces of the menisci."—R. W. B. in *New England Journal of Medicine*.

MEDICAL EPONYM

Cushing's Disease

Dr. Harry Cushing (1869-1939), professor of surgery at Harvard Medical School, first described the disease in a paper entitled "The Basophil Adenomas of the Pituitary Body and Their Clinical Manifestations (Pituitary Basophilism)," which appeared in the *Bulletin of the Johns Hopkins Hospital* (50:137-195, 1932.) After discussing twelve cases, he concludes:

" . . . A polyglandular syndrome hitherto supposed to be of cortico-adrenal origin characterized in its full-blown state of acute piethoric adiposity, by genital dystrophy, by osteoporosis, by vascular hypertension, and so on, has been found at autopsy in six out of eight instances to be associated with a pituitary adenoma which, in the three most carefully studied cases (Cases 6, 7, 10), has been definitely shown to be composed of basophilic elements, the lesion in one instance (Case 7) having been clinically predicted before its postmortal verification.

While there is every reason to concede, therefore, that a disorder of somewhat similar aspect may occur in association with pineal, with gonadal or with adrenal tumors, the fact that the peculiar polyglandular syndrome, which pains have been taken herein conservatively to describe, may accompany a basophil adenoma in the absence of any apparent alteration in the adrenal cortex other than a possible secondary hyperplasia will give pathologists reason in the future more carefully to scrutinize the anteropituitary for lesions of similar composition.—R. W. B., in *New England Journal of Medicine*.



BILTMORE HOTEL

Headquarters Hotel, 515 South Olive, opposite Pershing Square, Los Angeles

LOS ANGELES

Some Highlights in Its History

(Continued from Page 151)

ever, little difference was noted at "El Pueblo de Los Angeles" where Mexican authority followed, when Spanish domination ended. It was really only a change in name.

The beginning of the American period cannot properly be traced to a single date or incident. The Treaty of Cahuenga, the signing of which took place at Cahuenga Pass, near Hollywood, between Andres Pico and John C. Fremont, January 13, 1847, ended hostilities in California and made clear the claims of the United States which were settled at Hidalgo, Mexico, the following year. The events leading to these treaties are of great importance in early Los Angeles history.

But this garrison of fifty soldiers left at Los Angeles was insufficient to insure what otherwise might have been a bloodless conquest of the region.

Then, from out of the desert, came a new figure of importance, General Stephen W. Kearny, marching with his victorious army from the Texan campaign. At the border he had been met by Kit Carson with news of earlier victories in California. Because of this good news, Kearny sent back to the "States" all but 121 of his men. Luckily, however, with the aid of reinforcements sent by Stockton, Kearny with his remaining force reached San Diego where plans were made to march on Los Angeles—the last Mexican stronghold in California.

Marching across the hot barren desert, his weary-worn soldiers little expected the surprise attack from the elated Angelenos at San Pasqual, where thirty-seven Americans were killed and wounded in a bloody battle.

A long tedious march to Los Angeles concluded the campaign; little resistance being made by the Californians. In January, 1847, Kearny entered the city after a skirmish at La Mesa, where hardly a shot was fired. Two days later Fremont entered Los Angeles from the north after having signed the treaty of Cahuenga which brought the city under a new government, the United States of America.

During all of this period Los Angeles was a very small town, with unpaved streets and no means of communication other than the stagecoach and pony express rider. In 1860 the first telegraph line came to the city. In 1868 the first bank was opened. In 1869 San Pedro and the harbor-to-be, were connected to the city by rail.

FIRST FIVE YEARS OF C.P.S.

Early Development Stages

C.P.S. was actually organized at a special meeting of the House of Delegates in December, 1938, and the official incorporation took place on February 2, 1939. The period from December, 1938, to July 1, 1939, was used by the Trustees in arranging details of organization, such as the legal requirements for incorporation, devising of by-laws, rules and regulations, the election of administrative members and the enrollment of professional members.

As of July 1, 1939, approximately 4,500 professional members had indicated their willingness to render their services under the C.P.S. plan. Legal counsel had prepared contract forms to be used in the enrollment in groups of beneficiary members, and on July 15, 1939, the first group (the employees of J. W. Stacey, Inc., of San Francisco) was enrolled and C.P.S. was in business.

In addition to the small office staff which already existed, field representatives were employed to solicit the enrollment of groups of beneficiary members. The first offerings to groups were the so-called "full coverage" medical service memberships in C.P.S. to the members of the groups already enrolled for hospitalization benefits under the three Hospital Service Plans of California.

During this period, individual Trustees assumed direct responsibility for day-to-day management of C.P.S. affairs. Dr. Alson Kilgore, in his capacity as Secretary and Treasurer of the corporation, Dr. Morton Gibbons, Sr., in his capacity as Medical Director, Dr. E. Vincent

Askey, in his capacity as Medical Director in the Southern Area, and Dr. T. Henshaw Kelly, in his capacity as Assistant Secretary-Treasurer and Chairman of the Executive Committee, gave most generously of their time and effort without thought to compensation or concern over the resulting neglect of their own personal welfare. They continued to carry all these responsibilities personally until May, 1940, at which time partial relief was afforded by the employment of Dr. A. E. Larsen on a half-time basis, which was later extended to the employment of Dr. Larsen in a full-time capacity on June 1, 1941, as Executive Medical Director.

Public Reaction to Prepaid Medical Care and Effects Thereof

Although preliminary surveys seemed to indicate a great interest on the part of the public in the development of a prepayment medical service plan, C.P.S. has found that the problem of enrollment of groups is not simple, and that continued increase in membership is secured only after great effort, and at considerable expense. On many occasions, more positive and optimistic expressions of support from professional members would have helped to lighten the burden of enrollment. Many large groups on which considerable effort had been expended were lost to C.P.S. when the employer or some prospective beneficiary called his own personal physician and received a luke-warm reply or a negative report.

Administrative costs have been disproportionately high throughout these five years and will very probably continue to be high until the public can be persuaded into enrollment in large numbers and until the professional member can recognize the necessity for his strong support of C.P.S.

In spite of the many difficulties, however, C.P.S. has grown in size slowly but steadily. It has passed through stages of experiment and adjustment in each of the several forms of membership that have been offered. The original full coverage was found to be economically unsound, and it was modified into a plan which requires the patient to pay the costs of the first two visits. This latter plan, with certain additional limitations and modifications in its benefits, has much more nearly paid its way. The new surgical plan, under which the dependents of the employed person may be enrolled, has also contributed to general improvement in the financial solvency of C.P.S.

C.P.S. Activities with Federal Government Agencies

The program for low income farm families, which was first undertaken in the beginning of 1941, has passed through several stages of modification and change, and now appears to have arrived at an economically sound balance between benefits to the beneficiary and benefits to the professional member.

The emergency program undertaken for the residents of War Housing Projects has also passed through violent stages of modification and change, and during the last three months, by reason of modification of benefits and greater interest in the day-to-day management by local professional members, the program seems to be well on its way toward a reasonable balance.

Rate of Growth

Starting from scratch in July of 1939 with a small office and field organization of approximately fifteen employees and a total income which was less than the administrative expenses in December of 1939, C.P.S. has now grown to an administrative organization of over fifty employees with two main offices, located in San Francisco and Los Angeles, and seven additional district offices, and to an enrollment of approximately 100,000

persons covered in all programs and a total gross income of approximately \$1,250,000 a year.

Although the rate of growth has been slow compared to the growth of medical service plans in some other states, it may be just as well that C.P.S. did not reach great numbers of the population until it had an opportunity to test its experience and make adjustments in its programs accordingly. To the difficulties of experimenting in this unknown field of prepaid medical service costs there have been added the burdens resulting from the abnormal war conditions. These have upset all our normal plans of enrollment and have created a violent turnover in our membership through displacement of normal employment, thereby further increasing our acquisition and other administrative costs.

Unit Value

The unit value of compensation to professional members has not yet reached its par value, in spite of the modifications and efforts toward improvement. However, the unit value has been raised to \$1.75, beginning with the month of February, 1943, which was the highest in C.P.S. history up to that time, and it has been maintained at that level through October. For November, 1943, the Trustees have raised the unit value of \$1.90, a new high level, with possibilities of a further increase in the reasonably near future. (In March, 1944, the unit value was \$2.00.) Although unit value is not the sole measurement of successful operation in C.P.S., it must receive full consideration. The efforts of the Trustees are continuous toward the objective of full compensation to the doctor, and whatever changes are necessary to bring this about will be made, as they have been in the past, when the Trustees are in possession of sufficient information to guide their policy.

Influence of C.P.S. on Development of Prepaid Medical Care Plans

In these five years, California has done more than operate its own California Physicians' Service. By virtue of the existence of C.P.S., California has influenced the medical profession in every other State to a greater or lesser degree of activity in this direction. The C.P.S. administrative organization has received repeated inquiries from state medical societies of almost every State in the Union, and the influences of C.P.S. pioneering in this field can be seen in the development of medical service plans controlled by the medical profession which are developing throughout the country as a whole. The efforts of the medical profession, through C.P.S., have without question influenced both state and national legislative representatives. Many writers for magazines and newspapers of wide circulation throughout the country as a whole have been commissioned by their publications to come to California and study the C.P.S. plan. Inquiries regarding the workings of C.P.S. have been received from as out of the way places as Tel-Aviv in Palestine, the Panama Canal Zone, the headquarters of the Brazilian Government, etc.

The value effectiveness of C.P.S. cannot, therefore, be calculated in terms of its present unit value or its present size in membership. It is rather to be judged on its ability to influence the development of the medical care plans of the future, and upon its ability to meet the urgent problems of the present. C.P.S. can be a most valuable instrument in preserving the traditional pattern of American medicine for the sake of the men in the Armed Forces, both doctors and civilians. From the doctors in the Armed Forces particularly, C.P.S. continuously receives the plea to "hold the fort," to the end that they may return and find the kind of world they have been risking their lives to maintain. (See pp. 209 and 227.)

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EDITOR GEORGE H. KRESS

Editorial Board

Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C. M. A. department, see index below.)

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F. Burton Jones.....	Vallejo	1944
Francis E. Toomey.....	San Diego	1945
George W. Walker (Chairman).....	Fresno	1946
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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

"PRE-CONVENTION BULLETIN" REPORTS: ANNUAL SESSION, MAY 7-8

Reports of Officers and Committees Should be Scanned.—In busy days, such as of the present, it may not seem quite in order to suggest that members take time to scan the many reports appearing in the "Pre-Convention Bulletin" of the current issue of C. & W. M. Nevertheless, it is possible that these reports may be more worthy of inspection by physicians than are some articles read from day to day in community publications. For, if newspapers of any California community contained items having direct bearing on future incomes or modes of doctors' living, then, no doubt, interest would be manifested at once; and members of the medical profession,—in hospital rooms and elsewhere,—would call the attention thereto, of their colleagues.

Yet, some of the articles in the "Pre-Convention Bulletin" discuss matters of precisely such intimate nature regarding the future well-being of physicians and their families.

At the Annual Session of the California Medical Association, which will convene in Los Angeles on Sunday, May 7th, these and related matters will be submitted to the House of Delegates, and members of that body will be called upon to formulate policies that are sure to affect the mode of practice of California physicians in the days to come.

* * *

Some Items of Special Importance.—Members of the Association should understand the significance of this fact that their welfare, professionally and otherwise, is involved in some of the policies to be considered; and if they are wise, they will naturally wish to inform their local representatives in the C.M.A. House of Delegates concerning whatever personal opinions they hold on some of the matters at issue.

To call attention to several items that are on the agenda:

(a) *Bureau of Medical Information in Washington, D. C.*

Because the Council of the California Medical Association feels that, in recent years, the interests of medical practice and the public health have not been adequately represented at Washington, D. C., by our national organization,—the American Medical Association,—the California Medical Association, in conjunction with five other state

medical societies, has deemed it best to establish at the national capital (through support of the "United Public Health League"), a bureau of information by which will be made available to legislators, physicians, and others such information and advice as will, presumably, best promote the public health interests of the Nation; with which, of course, the welfare of the medical profession is intimately connected, as least in so far as California is concerned.

California physicians have had years of experience with their Public Health League, and know the difference between an operative, militant and constructive organization, and one of merely well-meaning or token type.

Present outlook indicates that the action taken by the Council will receive the approval of the House of Delegates of the California Medical Association.

However, if there be those who are opposed to the projected program, now is the time to so indicate. After the die is cast, protests may be of little avail.

Wherefore, every member of the California Medical Association should ask himself where he stands in relation to principles and procedures such as the above.

(b) California Physicians' Service and the Three Hospitalization Organizations of California:

For five years now, and through actual experience, the members of the California Medical Association have been learning more and more about the trials and tribulations of a statewide medical service plan,—even though it may have been established with the best motives, to make possible the provision of adequate medical care to citizens of the lower income groups of the State.

C.P.S. was sponsored by the California Medical Association, and is its child; even though, up to the present time, it has seemed desirable to have it maintain its independent corporate authority.

To bring California Physicians' Service into existence, the California Medical Association loaned C.P.S. \$42,000, of which amount, \$7,000 has been repaid; the registration fee of the doctors of professional members added some \$30,000; the professional members—through use of a unit system of payment for professional services rendered,—acting as the financial underwriters of C.P.S. In this last mentioned capacity, since the unit has not yet come up to its initial ideal value of \$2.50, physicians (the professional members) in their function as fiscal underwriters, have already contributed a total of \$1,350,000 to the project, in this effort to provide adequate medical care for all citizens of California, thus demonstrating the unselfishness of members of the medical profession.

Fortunately, the C.P.S. unit has now been brought up to a \$2.00 value; a fee that is more in line with the actual cost to physicians for the services they render to beneficiary members. And it is heartening, to know that the value will be increased in the months to come, so that it is pos-

sible the initial or tentative unit of \$2.50 may become operative.

Because it is desirable that we be frank with ourselves concerning this Service with which all physicians of California should be concerned, further comment is submitted concerning non-profit, prepayment medical care and hospitalization plans now existing in California. Therefore, it may be stated that the original objectives of a statewide service cannot be attained in satisfactory manner in California, if four nonprofit medical and hospitalization organizations aim to carry on the work in so large and diversified a State; each working independently, instead of as one harmonious entity. Efforts have been made to have these four organizations approve an harmonious fiscal and other regrouping, but to date, the conferences have not been rewarded with great success. For reasons which will be explained at the annual session, the C.M.A. Council has felt that joint action for real cooperation may not much longer be delayed. Accordingly, at its meeting on March 5, 1944, the Council adopted resolutions that will place the determination of future action up to the House of Delegates. The minutes of the 315th meeting of the Council, (Item 10 on page 216) appearing in this issue, give further information. The resolutions should be read.

It is to be hoped that whatever policy may be agreed upon in Los Angeles, will make for the best possible service to citizens for whom the C.P.S. plan was brought into existence; and that it will also redound to the best interests of the medical profession and the public health.

(c) Public Relations Survey:

Information concerning the illuminating observations and facts collected and compiled in the Public Relations Survey of California,—made in November last by Foote, Cone and Belding,—have been sent to members of the C.M.A. House of Delegates. Suggestion is offered that the delegates and alternates give the same careful consideration, and then discuss with colleagues the facts brought out in the Survey. The information is of a semiconfidential nature until such time as officially released. In the meantime, all members of the Association should confer with local delegates and alternates, and acquaint themselves with the significance and implications of the facts that have been garnered in this recent and important survey of public opinion in California.

(d) Other Reports in the "Pre-Convention Bulletin":

Delegates and members of the Association who wish to orient themselves concerning other matters that will come up for consideration at the Annual Session on May 7-8, should also take the time to scan the Reports of Officers, Committees and Component County Societies, which appear in this current issue of C. and W. M., in the portion allocated to the "Pre-Convention Bulletin".

On all sides, it is conceded that the social order

of the United States is undergoing a change. Medical practice and physicians will not be exempt therefrom. It is important, then, that medical-care guidance shall remain under the supervision of those best fitted for the task, namely, the members of the medical profession. If physicians fail to meet their responsibilities in these matters, the time may not be far distant when they and the public will be taking their instructions concerning medical care from, none other, than political supervisors.

Grant that such a sad state of affairs may never come to pass!

SEVENTY-THIRD ANNUAL SESSION: LOS ANGELES, MAY 7-8, 1944

In its current issue CALIFORNIA AND WESTERN MEDICINE presents the programs of the two-day, streamlined annual session of the California Medical Association, to be held in Los Angeles on Sunday-Monday, May 7-8, 1944. This year, due to the increased work now falling upon physicians in civilian practice, and because of the difficulty of securing transportation and hotel accommodations, it follows that the attendance of C.M.A. members who do not reside in Los Angeles or its environs, will not be as large as formerly.

The annual session should, nevertheless, be a successful gathering, for the California Medical Association will be convening in the home of a component county medical society that has some 3,000 members,—a membership larger, indeed, than that possessed by many constituent state medical associations. Many fellow-members in Los Angeles will be present, and, with colleagues from other sections of the great State of California, will no doubt make this 73rd annual session measure up to standards set in years gone by. Headquarters will be in Hotel Biltmore, one of the few such establishments in America that, at one and the same time, is in position to provide ample meeting accommodations for sixteen groups (House of Delegates, thirteen Scientific Sections, Council, and Woman's Auxiliary).

Technical or commercial exhibits will not be in evidence, and, this year, scientific exhibits will also be lacking. However, in spite of these absent features, there will be excellent scientific programs: two general sessions on Sunday and one on Monday; while, on Monday afternoon, thirteen groups of physicians interested in the specialties, will present their programs.

The House of Delegates will convene promptly at 12:00 o'clock noon on Sunday, to formally constitute its organization; will recess for luncheon and reassemble at 1:30. On Monday, the House will convene at 12:00 o'clock noon, thus observing the 24 hour interval that must elapse between the first and second meetings of the House, as required by the Association's by-laws.

Inspection of the minutes of the 315th meeting of the Council, held on March 5, which appear in this issue, will reveal the importance of some

matters that must be considered by the House of Delegates, and members are urged to confer with their delegates and alternates, and advise on best courses of action.

An urgent invitation, therefore, is expressed that all who can arrange schedules for attendance, will make an effort to be present at this 73rd annual session of the California Medical Association.

EDITORIAL COMMENT†

TRANSFORMATION OF PNEUMOCOCCI

In 1928 Griffith¹ found that mice injected subcutaneously with a small amount of a living, unencapsulated R culture of type II *Pneumococcus*, together with a large dose of heat-killed type III (S) cells, frequently succumbed to infection, the heart blood yielding a pure culture of type III *Pneumococci*. Since his R strain was wholly avirulent and the heated suspension contained no viable organisms, this was convincing evidence that growing under the experimental conditions the unencapsulated R cells acquired the virulence and capsular structure of type III *Pneumococci*.

This *in vivo* type transformation was subsequently confirmed by other investigators,² after which Dawson and Sia³ succeeded in inducing similar transformations *in vitro*. This they accomplished by growing noncapsulated R cells in a fluid medium containing anti-R serum and heat-killed encapsulated type III cells. Alloway⁴ was afterwards able to cause a similar *in vitro* transformation by using sterile extracts of type III cells from which all formed elements had been removed by Berkefeld filtration. He thus showed that the crude extract contained a "transmissible mutagen"⁵ capable of inducing a new type of capsule formation in pneumococci, the new capsule being of the same specificity as that of the heat-killed cells from which the extract was obtained.

Isolation and identification of this type-specific "transmissible mutagen" are currently reported by Avery⁶ and his co-workers of the Rockefeller Institute. As a preliminary to attempted isolation of this mutagen the earlier *in vitro* technique was standardized and adapted to titration methods. An unencapsulated R strain of type II *Pneumococci* was selected as the organism to be transformed. This organism had lost both its original virulence and type-specificity. The source material for the transforming "mutagen" was sedimented bacteria from 16 to 18 hour mass broth cultures of type III *Pneumococci*. These cultures were killed by heating to 65 C. for 30 minutes. The heat-killed cells were washed three times to remove large excesses of capsular polysaccharid, and afterwards

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

extracted for 30 to 60 minutes in 0.5 per cent sodium desoxycholate saline solution. The resulting clear extract was precipitated by the addition of 3 to 4 volumes of ethyl alcohol. The initial precipitate was in the form of a fibrous mass floating to the surface of the alcohol, from which it could be lifted out with a spatula.

This initial crude product was deproteinized by the Sevag⁷ chloroform method and freed from capsular polysaccharide by the addition of the Dubos bacterial enzyme.⁸ This enzyme has the property of hydrolyzing type III capsular material. The resulting digest was again deproteinized to remove the added enzyme protein, and repeatedly reprecipitated by the addition of ethyl alcohol. The final yield was usually between 10 to 25 mg. per 75 liters of culture, representing the major part of the active principle originally present in the crude extract.

Titration showed that under the standard technique, 0.003 micrograms of this final product will bring about transformation of avirulent, unencapsulated R strains to fully virulent, capsulated *Pneumococcus* of type III. In this technique the active principle is effective in a concentration of 1:600,000,000.

Examinations by means of the analytical ultracentrifuge indicate that the substance is homogeneous with molecules of uniform size of the approximate order of 500,000. Elementary chemical and enzymatic analyses led to the conclusion that the "mutagen" is a type-specific nucleic acid of the desoxyribose type.

Added to the transformation system this type-specific desoxyribonucleic acid is apparently adsorbed by the unencapsulated R cells. Here it functions as an ingrafted gene (or specificity determinant) causing recapsulation of the coccus, with polysaccharides of type III specificity. Like previously present genes the ingrafted nucleic acid increases (or is increased) in amount with the multiplication of the recapsulated cells. It thus functions as an heritable genetic character through innumerable test tube generations or animal passages.

No definite theory as to the mechanism of this transformation is thus far suggested by the Rockefeller Institute biochemists. They do call attention, however, to its implications in the fields of genetics, virology and cancer research. Their findings, therefore, are not only of clinical interest, but of basic importance in many other fields of biological research.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

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A Letter from an Over-Seas Physician. On Interest of Military Colleagues Concerning Medical Trends.

(COPY)

Dear Doctor Kress:

No doubt you will be surprised to hear from a G. I. Medical Officer in an overseas field unit. I read with much interest your discussion of the Federal Maternity and Child Care Plan in the January 15th *J.A.M.A.* The average doctor doesn't realize what an enormous effect such practices may have on the future course of American Medicine.

Although not a Californian by birth, I lived there while on army duty for two years before coming overseas. Speaking as one who plans to return there after the war, I am much in favor of your efforts to combat regimentation of the medical profession by such plans. I was also interested in your analysis of Kaiser's prepaid medical service plan. Such plans, as you so ably pointed out, work very well on select groups, but will not when all ages are brought in, or in rural areas.

Initiative on the part of the medical profession in formulating a plan for voluntary sickness insurance at this time, will be richly rewarded, I believe. Even though such a plan may not be widely adopted immediately, you will have something to point to and say,—"We have a sickness insurance plan."

Delay will allow the politicians to devise one which will probably be desirable only from their standpoint. Such was the case in Germany and England and the standard of medical care suffered as a consequence.

If anything has been accomplished by this war it is the vindication of free enterprise. It is what made possible the creation of the best trained and equipped army in the world in a short time. Also our present medical system made possible the super medical service through the enrollment of well-trained doctors. One thing the people should ask in considering any method of medical service is, "Will it attract a high type individual to the practice of medicine?"

The American people as a whole are pretty fair minded. If the facts in the case are presented to them in the proper manner they will usually choose the right road. I believe education of the people by the medical profession as to what they are getting in medical care now, and what they would get under socialized medicine is the answer to our problem.

Your attitude in your approach to these questions is encouraging to those of us overseas. Many of us have been in the army so long, nearly three years in my case, that we have nearly forgotten about private practice. If we return to some scheme of Federalized medicine, many of us will ask, "Was it worth it?" However, American Medicine has always been progressive and I feel confident that it will come through this time.

Keep up the good work that you have started and rest assured that the proceedings of your committee are followed with interest by all who are in the service. We'll be coming home some day anxious and willing to carry our share of the load.

Trusting that I have not been too presumptuous, I am,

Very sincerely,

(Signed) WARD M. COLE, CAPT., M.C.

ORIGINAL ARTICLES

Scientific and General

THE FUTURE OF MEDICINE FROM THE
STANDPOINT OF A PHYSICIAN IN
PRACTICE*MORTON R. GIBBONS, SR., M. D.
San Francisco

THIS short talk will be divided into three sections:

1. What we want.
2. What we—and society—have to offer for the care of the sick.
3. What are we likely to get, and why.

I. WHAT WE WANT—AND WHAT WE DO
NOT WANT

We want for the public the best medical care—the sick person is the first consideration; for ourselves, primarily, to be left alone to work the problem out.

We want changes to be made by the profession; we want not to be told what to do by legislators, theorists, welfare workers, hospitals. We know far more about needs, intricacies and difficulties, than any other group. Our reluctance to make rapid changes has been because of this knowledge. We need to be given time to work out our own plan. We want nothing like compulsory health insurance without free choice of physicians. A history of sixty odd years of health insurance in Europe is not convincing. We want the government not to install a system depending on trial and error for guidance. We want hospitals and nurses to be subordinate to physicians. We do not want politicians, or exploiters, using the medical profession for their own ends at the expense of the sick. We want the patient-physician relationship unimpaired.

All these things we want, and no doubt much more.

Now, what have we, the physicians, to offer except for those who come to our offices and pay? And what does the rest of society provide for the care of the sick?

Remember, when this Society was started there were no specialists, and few and imperfect hospitals; and contract care for the destitute sick was rudimentary.

We had only the general practitioner.

The doctor-patient relationship was unimpaired.

Since then, society has gone a long way in good and bad.

Let me comment on some of the various systems of caring for the sick.

II. WHAT WE HAVE

Let us examine private practice of medicine and the departures therefrom:

The Private Practitioner, Practicing Alone:

In small communities he is often a leader, and the "true physician" if he is the right kind. He is more self-reliant and versatile than his confrères in larger cities, and can do a creditable job in several specialties. He is often a far more effective man than the metropolitan specialist, who is unable to exercise judgment outside his own specialty.

In larger cities, the physician depends on a number of other physicians. If he is conscientious, he refers patients, when that is necessary, to specialists selected for the patient's needs, both scientific and practical. This system is wasteful of time and money.

Group Practice:

This is theoretically the best form. It depends on the skill, character, and self-restraint of the members of the group. I have never known a group of any value which did not have a capable and judicious leader, who could evaluate the idiosyncrasies of his team members, as well as those of the patient.

Private practice and group practice make possible abuses, such as overtreatment, unnecessary operations, overcharging, salesmanship generally.

Practice by Government Agencies:

Before this war, 65 per cent of hospital beds in this country were said to be in Government hospitals.

U. S. Public Health Service:

I would say that treatment of patients is generally good and considerate. The patients are usually such as would not readily contact private physicians.

The Army and Navy:

Normally the medical departments give me the impression of tolerating the patients, as an evil necessary to the department's existence. If statistics were available to indicate patient day costs, which they may be, I would expect them to show prodigious waste of resources.

Whatever good reputations the medical departments of the Army and Navy are making for history, and with the soldiers and sailors, will be due to the reserve officers. I hope that the soldiers and sailors will remember that, if ever they have a say about the kind of medical care they want.

State Medical Care and City or County Medical Care:

You are near enough to these to know the pictures. No special comment is offered.

Prepaid Medical Care with No Free Choice of Physicians:

Example.—The Ross-Loos Clinic, appears to give fairly adequate care, but is distasteful to us, principally because it is an exploitation of physicians by physicians. Approximating this is the Kaiser medical service, referring, however, only to employees. Mr. Kaiser's resources permit excellent equipment, and he is happy in his choice

* Read before the San Francisco County Medical Society, November 7, 1943.

The opinions and assertions contained herein are the private ones of the writer.

of physicians. There is no difference between this service and others with which we have been familiar for years, in the mining, railroading, lumbering, shipbuilding and other industries. Patients have not free choice of physicians. Up to date, comparable service could not have been secured, except from such an organization as California Physicians' Service. With the lack of resources, youth, and sabotage, with which California Physicians' Service has had to contend, it is doubtful if California Physicians' Service could have provided the care.

Prepaid Medical Care—Free Choice of Physicians:

We have insurance companies; effectiveness is limited and uncertain. Insurance companies can, on a straight insurance basis, reimburse for medical expense in a manner comparable to insurance on anything.

California Physicians' Service:

This, as all similar enterprises, is actually in the early experimental stage. No insurance company—and experience must be gained by California Physicians' Service, as by an insurance company—is expected to have a chance to survive until it has operated for seven years, and has \$7,000,000 of insurance in force, and 95 per cent of these which attain that, *fail*.

It is most unfortunate that we must have a world war to interfere with an orderly and gradual growth and experience.

It is tragically lamentable that we cannot have loyalty and patience and understanding in the whole medical profession of California. The self-sacrifice, devotion, and time expended by a few of your fellow members, for California Physicians' Service and for you, are far beyond belief or possibility of compensation. Of all efforts of the medical profession to avert state medicine, such projects as California Physicians' Service promise the most.

State Medicine:

You must be more or less familiar with the "57 varieties" of state medicine in existence at last reports. Most of the important countries of the world had state medicine, in some form. No two were alike, the best reason for which is that none was satisfactory. At last report, Germany's system—the oldest—reported that absence due to sickness increased 40 per cent. Physicians' incomes were so meagre that suitable young men would not study medicine. England did not wish to abolish her system, but hoped it could be much more satisfactory, yet did not know how it could be improved. The Britons had no such hospitalization system as we would think essential.

This country never adopted state health insurance, because the people naturally want to be independent. Lately, that attribute is being worn down—unless recent elections mean something.

Still—"What We Have":

Lay bodies, social reformers, economists, etc.—all striving for means to control the practice of medicine—all more interested in putting some-

thing *over* than in the welfare of the sick human being. The Wagner-Murray bill provides for control of the whole problem by the U. S. Public Health Service. Doctor Parran told me that he had no inkling of this bill until it was shown to him the day before it was introduced. He said he would have none of it. The Public Health Service views it with horror. The bill is probably too great a bite to take all at once, and therefore will defeat itself. It is another example of an effort to attain fulfillment of a delightful dream without knowledge of the obstacles in the path.

I cannot leave consideration of "what we have" without reference to the Workmen's Compensation Laws (California's especially). The California law has attributes comparable to state health insurance. This law went into effect thirty years ago. It has been modified, altered, amended, not because of changing conditions, but because it was not perfect. It is not perfect yet. It was at first administered by high-minded men. It has been from time to time dominated by politics and administered in a manner quite contrary to its intent, and the wishes of the people.

And, we have the American Medical Association.

Possibly if the American Medical Association had known of a good health insurance plan, or prepayment plan, it would have approved. However, the Association permitted it to be believed that it was unalterably opposed to all such ideas, and thereby gave comfort to the enemy. It was a major tactical blunder to permit this impression to exist, whether the American Medical Association felt that way or not.

If California Physicians' Service had started five years earlier, which it might have done but for shortsighted opposition within our profession, we would now have an experience of great value, and would now have stability. However, no normal experience can prepare any enterprise for the distortions caused by the greatest of all wars.

In this connection it would be well to remember that twenty-five and again fifteen years ago there were determined efforts in California to put over state health insurance. It was attempted by economists and others, and no physicians had any part in it except that of opposition. In the bill prepared for the legislature, in the first attempt, \$11.00 was the estimated cost per person per year. I remonstrated with the executive officer of the commission saying that three times that sum would be more nearly correct. The doctor (Ph.D.) blandly told me that the bill would never pass with that estimate, but if it were passed, it could be adjusted. See if that means anything to you.

III. WHAT WE ARE LIKELY TO GET

What we are likely to get will *not* be what we want. The revelation of what we have is not a convincing background for going after what we want. The capacity of the human mind has not increased, to judge from history, since history began. Yet there are a hundred times more items

(let us assume the 100) to know than there were 150 years ago. If we know ten times more than our ancestor, we still know one-tenth as much as he did of what there is to know and are relatively ignorant. There was a time when an erudite man, Benjamin Franklin for instance, knew a substantial amount of all there was to know. That is impossible now,—no such men—no adequate mental capacity—no time.

Imperfect knowledge leads to interference in our affairs by fanatical theorists whose imaginations are not trammelled by modifying information. We are aware of the reluctance of the best-informed to be positive vs. the readiness of the partially-informed to be positive. Apparently the control goes to those who have the hardihood to accept responsibility, though uninformed. We are confronted by the results of this condition of mind. Central control is spreading. We are likely to get health insurance legislation. The medical profession and American Medical Association have done nothing effective to indicate that they can offer what the social reformers want.

Of course, those promoting legislation have something in mind besides the care of the sick. It may be another bureau, more government employees, or gratification of a grand desire to dominate the medical profession. The *people* do not demand health insurance, though some provision for medical care would be beneficial. They will no doubt accept it and take advantage of it, if it is provided.

The medical profession will not long be able to stem the tide of health insurance, unless it can present a united front and offer a plausible alternative. In this the profession is handicapped because it must limit statements to truth, whereas the visionaries may devise any attractive plan—unhindered by experience.

It may be too late now for the profession to get together. If not, it is because of war—and we have another chance.

Some physicians will continue to practice much as they do now, as long as there are economic groups to serve. There will be an increase in the formation of balanced clinical groups. That system is more economical and scientific.

There will be increase of subscribers in prepayment plans. I expect development of state plans such as California Physicians' Service generally—over the country. Such a spectacle would go a long way to check compulsory health insurance. Let the Government pay to California Physicians' Service the fees for certain groups; for instance migrants, unemployed. If a prepayment plan—organized by the profession supported by the profession—existed in every state, there would be no Wagner bill. I doubt if we would be much bothered by legislation.

You are reminded in this short sketch that the practice of medicine has altered drastically in seventy-five years. Far more in its mechanics than in its scientific aspects, though those have changed more in that time than in all the previous history of medicine.

3979 Washinton Street.

TUBERCULOSIS IN WAR TIME*

CARL R. HOWSON, M. D.
Los Angeles

INTRODUCTION.—We are all familiar with the striking decline in tuberculosis mortality which has taken place since the beginning of the century, a drop from 200 per 100,000 to approximately 45, a reduction of 77 per cent. History fails to record a greater public health achievement. The temptation now is to lean on our oars, feeling that the disease is finally and completely on the run.

A little reflection, however, is not reassuring, for the white plague still remains the leading cause of death in the age group 15 to 45, the productive period of life. Somewhat paradoxically, this fact has led to the optimistic and widespread idea that tuberculosis is essentially a disease of premiddle life, and that, after the age of say 45, it can be ignored. Sad experience has taught us that this is far from being the case. If we segregate our age groups to show the death rates from tuberculosis per 100,000 living persons in each such group, we find that the mortality rate continues practically unchanged from middle life on up to the eighth decade. Tuberculosis among older people is one of our most serious problems at the present time, and many of our clinical cases in younger persons are due to infection contracted from a parent or grandparent whose tuberculosis is frequently unsuspected, being masked as a chronic bronchitis, asthma or heart disease.

On the whole, however, we have reason to feel hopeful about the general situation. Progress in our knowledge of the disease has been great, and progress in treatment has been correspondingly rapid. We are still lacking in definite information regarding many of the factors which have to do with the resistance of tissues to the inroads of the tubercle bacillus, but the search continues, with sufficient results to keep alive the spark of hope. We believe that cellular and tissue nutrition is the cornerstone. From the immense agglomeration of data on food groups, on calories, minerals and vitamins, there is gradually emerging a semblance of order and a modicum of knowledge.

MECHANICAL ELEMENTS

The importance of the mechanical elements involved in this disease has impressed itself on all who are called to treat it.

It seems elementary to emphasize the importance of adequate drainage from infected areas. Yet it is only recently that the bronchoscope has revealed to us the frequency with which such drainage is impaired, and has shown us when to suspect the presence of obstructive bronchial lesions. Many phases of pathology heretofore

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unexplainable are now beginning to be understood, and the seriousness of tracheo-bronchial tuberculosis is being increasingly recognized.

Rest of the individual and of the infected tissues continues to be the aim of our therapeutics, and much of our recent progress has to do with recognizing and overcoming the obstacles in the way of securing this rest.

In treating the early case of tuberculosis, it is frequently adequate to put the patient to bed with perhaps limited bathroom privileges, and keep him there until the lesion has undergone retrogression to the degree that it seems safe to allow a very carefully-graduated course of physical activity. Before such activities are permitted, of course, the disease must have reached a stage of quiescence, and this, we know, is not attained in a few weeks, but requires at least several months. The strictness with which bed rest is enforced will depend upon the acuteness of the tuberculous process. If, after a trial of a few weeks of such rest, the lesion is not showing signs of improvement, one of the many procedures designed to secure local rest is indicated. These may be all classed under the heading of collapse therapy. Time will not permit us to even name all of them. Suffice it to say that they range from pneumothorax to thoracoplasty, and the number of measures available increases yearly with the experience and ingenuity of our clinicians and chest surgeons. Each one is designed to meet some particular group of indications, and their number is but another evidence of that complexity of the disease which has proven so confusing to patient and practitioner alike.

CAVITIES

Our respect for the tuberculous cavity has grown with the years. It is the usual source from which the tubercle bacilli are secreted and discharged, to possibly infect other individuals, and to spread contagion to new areas of the diseased lungs. Our success in treatment is largely determined by our ability to close any cavities that may be present. If, therefore, conservative measures do not suffice within a reasonable period, no time should be lost in having recourse to one of the numerous other methods just referred to. Upon the fate of the cavity depends the fate of the lesion and of the patient.

WAR TIME FACTORS

War has introduced into the picture a great variety of new elements. It brings a great speeding up of industry, a hectic prosperity, with rising costs of food and other necessities of life. Vast numbers of workers are transferred to new types of work to which they are unaccustomed. Sedentary workers, in many cases with inadequate physiques, enter the ranks of the more or less skilled trades. Frequently these occupations call for a much greater degree of physical exertion than that to which they are accustomed. Millions of women are leaving offices and homes to enter industry. Here they are meeting conditions utterly foreign to their training and experience and, in

some cases, completely unsuited to their physical make-up. Mothers with families, lured by the opportunity for unprecedented high wages, are attempting to keep up home responsibilities and work an eight-hour shift in a factory which can be reached only by one or two hours' journey on a crowded bus or other vehicle. The swing shift, and to an even greater degree the graveyard shift, have seriously upset the sleeping habits of a large proportion of the workers, and not all of them are able to secure an adequate amount of rest at the unusual hours made necessary. Wages beyond their wildest dreams prompt many to hours of diversion and perhaps dissipation which should be spent in rest. When the working week is lengthened beyond 48 or 50 hours, cumulative fatigue begins to make its appearance.

Not infrequently serious hardship follows the enrolment of the breadwinner in the armed forces. Worry about an absent husband, brother or son oftentimes interferes with proper rest.

These factors constitute stresses and strains varying in magnitude, but all operating to lower resistance, so it is not surprising that an increase in tuberculosis results.

As time goes on, food restrictions may add their baneful effects.

Great Britain has suffered more serious dislocations of civil life than we have, and is already showing conclusive evidence of this tendency to higher tuberculosis morbidity and mortality. It is too early for us to have convincing statistics, but figures are accumulating which strongly suggest such a trend, and there is little reason to doubt that, as time goes on, we shall experience at least a portion of the same dire results which were manifest in the European countries during and immediately following the last war.

On the other side of the ledger, along with therapeutic progress, we may consider the steps which have been taken to ensure early diagnosis, so that treatment may be instituted before extensive tissue destruction has occurred.

For nearly one and one-half years now all the candidates for the armed forces have received an x-ray examination of their chests on miniature films before induction. As opportunity permits, examination is being done of those who were inducted before facilities for this work were available. Before another year rolls by it is conceivable that the staggering total of twenty million of these films will have been made. This constitutes the greatest mass survey that the world has ever seen. There can be no question that it will prevent a vast number of cases of active tuberculosis by retaining in civil life those with old healed lesions which might break down under the stress of military service. It has already resulted in the discovery of a great number of cases of active and usually early tuberculosis.

SURVEYS BY TUBERCULOSIS ASSOCIATIONS

It is a coincidence that the plans on which the

Tuberculosis Associations throughout California have been working for several years should approach fruition at this time. In many counties and localities diagnostic surveys are under way or in prospect. Standard portable x-ray outfits are being used in some cases, fluoroscopes in others. In Los Angeles city and county a fluorographic unit similar to those used by the Army, but mounted on a large truck so it can be easily transported from place to place, has just been received. Other similar units are on order for other Associations, and delivery is expected within a matter of months. These are capable of surveying several hundred persons per day.

The policy of the Tuberculosis Associations is to make such surveys as demonstrations. They hope to convince the various groups concerned, both industry and labor, that it is to their advantage to take over the work ultimately and conduct it at their own expense. The Garment Workers' Union of New York City made a survey of its members several years ago. Many organizations in California are giving a rather complete physical examination to all applicants for employment. Frequently an x-ray film of the chest is included, and not a few cases of pulmonary disease are being uncovered.

The United States Public Health Service has eight 35 mm. fluorographic units in various portions of the country doing similar work, particularly among groups whose living conditions are substandard. They plan to add ten more units shortly.

As a result of all these and other surveys, numbers of unsuspected cases of active tuberculosis have been brought to light, and we can confidently expect more as the work progresses. In the aggregate the number will be very large.

SPECIAL PROBLEMS

Two important questions now present themselves:

The provision of sanatorium accommodations for the patients requiring treatment will be a very serious problem. An extremely high proportion of the smaller private sanatoria and rest homes are having to close their doors because of inability to secure help. Many counties, particularly those in which large war industries have developed, are going to find their need for beds much greater than their capacity. The nonresident character of a large portion of their population will add to their difficulties.

On the diagnostic side there will be much work to be done. All those with positive or suspicious x-ray findings on these miniature films, or on fluoroscopy will require films of standard size and a careful clinical examination to determine whether definite evidence of disease is present, and, if so, whether it is old and needs only periodic observation, or is active and, therefore, requires treatment.

These individuals are going to come for examination and advice to all of us, general practitioners, surgeons, internists and members of all

the other specialties. And here lies one of our great opportunities. Already some of them have asked for bread and been given a stone. The diagnosis or suspicion voiced at the induction center or the employment office has been ridiculed or brushed aside as without foundation, oftentimes to the serious detriment of the patient.

It is true that it is not easy to establish the status of many of these cases. The determination of the instability or obsolescence of their lesions may call for a most painstaking and time-consuming study. Such a study, however, is one to which the patient is entitled and one which we, as a profession, are obligated to supply, unless we believe he is a legitimate subject for care by the official health agencies. And having determined that the lesion is unstable or active, we must see that the patient is offered at the earliest possible moment the full benefit of all the great advances that modern medical science has developed. "A stitch in time, saves nine" is more true than ever of the treatment of tuberculosis. To see that these young people are given the opportunity for early and accurate diagnosis, and adequate scientific treatment in the stage when the disease is curable and rehabilitation to full membership in society possible—herein lies our opportunity and responsibility as a profession.

1930 Wilshire Boulevard.

EXTREME INSULIN RESISTANCE IN DIABETES*

H. C. SHEPARDSON, M. D.

GARVIN GOBLE, M. D.

AND

POLLY B. WITHROW, M. D.

San Francisco

REMARKABLY few cases of extreme insulin resistance have been reported in the literature. Martin, Martin, Lyster and Strouse,¹ in a critical review of the literature, reported 26 cases which fulfilled their criteria of insulin resistance, i.e., "those cases in which, after forty-eight hours of observation, 200 or more units of insulin were required without effecting an appreciable lowering of the blood sugar." These cases were divided into 5 etiological groups: 1) Disturbance of endocrine glands—5 cases; 2) Infection—5 cases; 3) Hepatic disorders—5 cases; 4) Diseases of the skin and allergy—8 cases, and 5) Unexplained—2 cases.

To the literature we add the following case.

REPORT OF CASE

A 67-year-old Jewish man entered the hospital with symptoms of weight loss and inability to rid his urine of sugar. Four and one-half years prior to this entry, in a routine preoperative examination, sugar had been detected in his urine. He was controlled on 15 units of regular insulin three times a day. At the end of a year

* From the Department of Medicine, University of California Medical School, and the Department of Medicine, Franklin Hospital, San Francisco, California.

his blood sugar levels were low enough to allow insulin therapy to be discontinued.

Seven months prior to admission, he noted polydipsia and polyuria, but did not seek medical care until five months before entering the hospital. At that time, 15 units of protamine zinc insulin a day kept his urine sugar-free. Two or three months before hospitalization he began losing weight, and one month before entry it became evident that 15 units of protamine zinc insulin were insufficient to keep his urine free of sugar. At the time of admission, the dosage had been increased to 35 units a day, but glycosuria persisted.

Past History:—Some twenty-five years ago, he had had asthma. At that time it was learned that he was allergic to a colorless dye used on the furs with which he worked. When he avoided contact with the dye, his symptoms disappeared. Yet, throughout the ensuing years he often became "choked up" for short periods of time. During the ten years prior to his initial hospitalization, he had recurrent anginal attacks, which readily responded to nitroglycerine. One year ago he had a dermatitis of the extremities, which responded slowly to nonspecific therapy, and which may have been allergic in origin.

Family History:—There was no history of allergy or diabetes in this man's family.

Systemic Review:—All systems were essentially normal, except for the history of anginal attacks.

Physical Examination:—When first seen, the patient was ambulatory and entirely without complaints. He was a well-developed, well-nourished man. His weight was 60.2 Kgm. The lungs were clear; the heart was very slightly enlarged; the sounds were regular in rhythm and force, and of a fair quality. The blood pressure was 124/78. An electrocardiogram revealed an abnormal record suggestive of coronary artery disease. The urinalysis revealed 4 plus sugar, but no acetone or diacetic acid. The blood sugar level was 426 mg. per cent.

Hospital Course:—At first the patient's hospital course was uneventful. He was started on a diet of 1,680 calories (C. 160, P. 80, F. 80). Three doses of crystalline insulin, a total of 65 units, reduced his fasting blood sugar level to 196 mg. per cent before breakfast on the second hospital day (Chart 1). On the ensuing days he received 130, 80, 105, and 220 units of crystalline insulin without a noticeable alteration in his blood sugar level.

On the sixth day, the dosage was increased to 565 units; the fasting blood sugar was 396 mg. per cent on the morning of the seventh day. On the seventh day he received 550 units of regular insulin subcutaneously in addition to 2 intravenous doses of 50 units each. On the

eighth day, he received 700 units of regular insulin subcutaneously, 50 units of regular insulin intravenously, and later, 100 units more of regular insulin intravenously, a total of 850 units. Following the last dose of regular insulin given intravenously, he developed a generalized urticaria. Two 0.3 c.c. injections of 1/1000 adrenalin brought prompt relief, but precipitated a mild anginal attack which in turn was relieved by nitroglycerine.

On the morning of the ninth day his fasting blood sugar level was 274 mg. per cent, and on that day he received 640 units of crystalline and 240 units of protamine zinc insulin. He continued to have hives severely enough to require adrenalin for relief. On that same day, his carbon dioxide combining power was 52.1 vol. per cent. On the tenth day, 720 units of crystalline and 480 units of protamine insulin were given. He again had urticaria. On the morning of the eleventh day, his fasting blood sugar level was 268 mg. per cent; once again he received 720 units of crystalline insulin and 480 units of protamine zinc insulin. The hives recurred, but were much less severe.

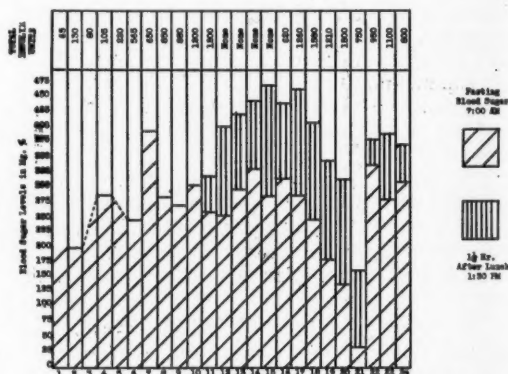


Chart 2.—Graphic relationship of blood sugar levels and insulin dosage.

The fasting blood sugar on the twelfth day was 263 mg. per cent. No insulin was administered, and during his thirteenth, fourteenth and fifteenth hospital days he received no insulin. His blood sugar levels increased steadily (Chart 2). Due to the fact that his weight had dropped to 58.7 Kgm., his diet was increased on the fourteenth day to 1930 calories (C. 180, P. 100, F. 90). During this time, the patient had no subjective complaints. He was up and around, and often walked about the hospital grounds.

On the morning of the sixteenth day, his fasting blood sugar level was 313 mg. per cent. He was again given crystalline insulin: 620 units in 16 doses. Later that day, acetone was first detected in his urine. His acid phosphatase was 0.3 units, and his alkaline phosphatase was 2.8 units. On the seventeenth day, the fasting blood sugar level was 286 mg. per cent. Eleven doses of crystalline insulin brought the total amount received to 1,260 units. He still showed traces of acetone. The fasting blood sugar on the eighteenth day was 253 mg. per cent. Nine doses of crystalline insulin, a total of 1,580 units, were given. By the end of the day all traces of acetone had disappeared.

On the nineteenth day, the fasting blood sugar was 186 mg. per cent; 250 units of U500 special insulin (later learned to be regular insulin) and 960 units of crystalline insulin, a total of 1,210 units, were given. Once again he complained of hives. No acetone was found in his urine. The fasting blood sugar on the morning of the

DAY	Insulin			Blood Sugar in mg. %				COMMENTS
	Regular	Cryst.	Protamine	7:00 AM	1:30 PM	8:45 PM	10:00 PM	
1	45		65	426				Fasting well-ambulatory
2	130		130	196				
3	80		80					
4	105		105					
5	220		220					
6	565		565	396				I.V. Regular Insulin
7	550		550	396				Subcutaneous
8	700		700	274				Subcut. 200 Cryst. 500 Reg.
9	720		720	268				Subcut.
10	720		720	274				Subcut.
11								Subcut.
12								Subcut.
13								Subcut.
14								Subcut.
15								Subcut.
16								Subcut.
17								Subcut.
18								Subcut.
19								Subcut.
20								Subcut.
21								Subcut.
22								Subcut.
23								Subcut.
24								Subcut.

Chart 1.—Insulin, dosage, blood sugar level, and clinical status.

twentieth day was 140 mg. per cent. He received 1,500 units of U500 (regular) insulin. He suffered from hives, intermittently, all day. He complained of pain along the distribution of the ulnar nerve in the right hand. On the twenty-first day, his fasting blood sugar level was 33 mg. per cent; 750 units of U500 (regular) insulin were administered. The patient felt well until about 1:30 P.M., at which time he was seized with an excruciating pain in his left leg and right arm, and was compelled to go to bed. His temperature rose to 100.4 F.

On the twenty-second day the fasting blood sugar level was 333 mg. per cent. He was given 950 units of U500 (regular) insulin. Pain was still present in his leg and right arm, but less severe. He had additional pain with swelling in his left wrist. The blood sedimentation rate was 24 mm. in 60 minutes. His fasting blood sugar level was 286 mg. per cent on the morning of the twenty-third day; 300 units of U500 (regular) and 800 units of crystalline insulin were given. Although pain in the extremities had entirely disappeared, he found it impossible to maintain a comfortable position. Later in the day he complained of "constricting" pain across the anterior aspect of his chest, which was only partially relieved by nitroglycerine. His blood pressure fell to 108/68, whereas his temperature remained elevated at about 101 F.

On the twenty-fourth day his fasting blood sugar level was 320 mg. per cent. Acetone was again manifest. Eight hundred units of crystalline insulin were administered. After breakfast the chest pain became marked. His blood pressure was 100/68. In the early evening he became very distressed, had difficulty getting his breath, and became ashen in color. An electrocardiogram revealed additional deviation from the normal. He was placed in an oxygen tent at 9 P.M., and died of cardiac failure at 12 midnight.

COMMENT

Unfortunately, permission to perform an autopsy was not obtainable. We are as yet unable to reach a definite conclusion as to the cause of our patient's resistance to insulin. This case is presented in the hope that it may contribute to an eventual solution of the problem of insulin resistance.

Following is the etiological classification of Martin, Martin, Lyster and Strouse¹:

1. Disturbance of Endocrine Glands:

Clinically, there was no apparent hormonal dysfunction. The basal metabolic rate was normal.

2. Infection:

No evidence of infection was discovered. At first the blood sedimentation rate was not increased; the white blood cell count was not elevated, and the patient remained afebrile until just prior to death.

3. Hepatic Disorders:

No signs or symptoms of liver disorder were present. The alkaline phosphatase test was normal.

4. Diseases of the Skin and Allergy:

The manifestations of allergy will be discussed.

5. Unexplained: Was the heart disease a factor?

As far as could be determined, there were but two pathologic conditions present, aside from the Diabetes Mellitus: a) Allergy, and b) Angina. Though the latter is probably of little significance,

it is interesting to note that Duncan² lists cardiovascular disease, i.e., 1) "Atheromatous changes in arteries," and 2) "The more explicable myocardial insufficiency with edema as conditions which may detract from the effectiveness of insulin." Also worthy of note is the account of a case of insulin resistance and sensitivity which was accompanied by frequent anginal attacks.³

DISCUSSION

Allergy was a striking feature in the case we have presented. One cannot say that the allergy and resistance followed a clear "cause and effect" pattern, but certainly the evidence is suggestive. As previously stated, the patient gave a history of asthma which occurred twenty-five years prior to hospitalization. There had been no subsequent, clinically recognized manifestations of allergy until during the period of hospitalization. On admission there was a mild eosinophilia, but no symptoms of allergy were evidenced until the eighth day. Insulin resistance, had been apparent for three days; however, it undoubtedly had been present in a milder form for some weeks previous to this.

In regard to the etiology of the sensitivity to insulin, three features are to be considered: 1) the dose, 2) the route of administration, and 3) the type of insulin.

1) *The Dose*:—The day of, and the one prior to the appearance of hives, the patient received 650 and 850 units of insulin, respectively. As this was given in U100 form, the volume injected was considerable. However, during the following week when even greater doses of insulin were administered, hives did not always appear. In order to eliminate a possible antigenic factor which might have been present only when the volume of insulin was great, U500 insulin was obtained from the Eli Lilly laboratories. It became apparent that the patient was equally sensitive to this concentrated form, as generalized urticaria followed shortly upon its injection.

2) *The Route of Administration*:—Regular insulin was given intravenously to determine the rôle of absorption. Large doses elicited no corresponding fall in the blood sugar level; thus it was demonstrated to our satisfaction that faulty absorption was no contributing factor. Urticaria was first noted after the patient had been maintained on intravenous therapy for forty-eight hours. And yet, the administration of insulin by this route did not provoke a sensitivity to insulin, *per se*, as evidenced by the absence of allergic response on certain subsequent days.

3) *The Type of Insulin*:—Three types of insulin were used. Regular, crystalline, and protamine zinc. Urticaria followed the administration of regular insulin given intravenously. Later, when U500 regular insulin was employed, hives appeared within one-half hour after its subcutaneous injection. Although the use of U500 insulin was continued over a period of five days, no urticaria appeared after the first forty-eight hours. However, by this time the patient's cardiac condition presented a serious complication.

Protamine zinc insulin was never tried alone, but when administered with the crystalline form, hives appeared each day. Of the three types employed, crystalline insulin was the only one to which there was no allergic response, but this fact was not clearly ascertained until late in the course of the patient's illness.*

Several days prior to death the patient suffered a coronary attack. It is difficult to say just when this occurred, but there were clinical signs present, such as fall in blood pressure and muffled heart-sounds, as early as the twenty-first hospital day. Under a régime of continual massive therapy, the fasting blood sugar level on the twenty-first day had fallen to 33 mg. per cent. Although the patient had none of the usual symptoms of an insulin reaction, it is possible that this hypoglycemic state precipitated a heart attack. Pain in the extremities seemed to be of a neuritic type and not associated with cardiac embarrassment.

On the twenty-fourth day, cardiovascular collapse terminated in death.

SUMMARY

A case of diabetes is presented in a patient, aged 67, who had been controlled for years on moderate doses of insulin. Within a period of a few months a resistance to insulin developed. There were no pathologic processes evident other than allergy and angina. The results obtained with massive doses of insulin are reported. Following an unexplained fall in the blood sugar, the patient died of acute heart failure.

384 Post Street; Franklin Hospital.

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*The concentrated insulin used was very kindly supplied by the Eli Lilly Laboratories. Due to unavoidable circumstances, it was several days before we knew that the material was "regular" insulin instead of a solution of zinc insulin crystals.

THE CLINICAL DIAGNOSIS OF CEREBELLAR INJURIES*

WILLIAM T. GRANT, M. D.

Los Angeles

ALTHOUGH the cerebellum occupies a sheltered position in the skull it is often affected, in some degree, by a blow on the head. Unless it be severely damaged, the complaints and signs may be overlooked until, during convalescence, the patient notices subtle disturbances although objective signs may not be apparent. The early signs of cerebellar injury are definite and not difficult to elicit. With this information, any later symptoms can be better understood, allowing a more exact prognosis.

PHYSIOLOGY

The cerebellum is concerned in the coordinating and regulating of muscle action. It keeps the muscles ready to respond to voluntary stimuli or to patterns of movement for which paths have been formed in the cerebral hemispheres. In learning to walk we first had to decide which foot to move forward, how far to advance it, and when to change the body weight from one foot to the other. Neural paths for this are developed in the cerebral hemispheres and each system of paths is called an engram, which represents the educated portion of an automatic act. But we never have had to decide, in making a movement, which antagonistic muscles to relax, which to hold a little taut or how to support the shoulders while using the hand. Such functions depend on the cerebellum. The mechanisms of balance and orientation in space depend largely on the cerebellum, which coordinates impulses from almost all of the special senses and from some of the general senses, and then sends its impulses to all of the muscles.

ANATOMY

The cerebellum, broadly, consists of right and left hemispheres with the vermis between them. The cortex, of tremendous extent, is folded like the leaves of a book, and all the emerging fibers converge to the few nuclei of nerve cells deep in the white matter. Fibers from here connect by the three cerebellar peduncles with the cerebrum, pons and medulla.

The cerebellar cortex contains at least eight wide-spread systems of diffuse communion among its several types of cell. This results in millions of alternate paths from one part of the cerebellum to another. For this reason, large areas of cerebellum may be destroyed or removed and the remaining tissue can, by reeducation, carry on almost the same functions as the whole organ.

In the cerebrum, the hemisphere of one side controls the opposite side of the body, but in the

*From the Department of Surgery (Neurosurgery), College of Medical Evangelists, Los Angeles.

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cerebellum each hemisphere controls the arm and leg on the same side.

VARIETIES OF CEREBELLAR INJURY

The cerebellum is injured more often by indirect than by direct violence. Certain generalities, formerly enumerated,⁴ apply to injuries of any part of the central nervous system. To ascertain the character of the lesion requires repeated examinations and observation of the clinical course. The types of injury that may affect the cerebellum are indicated in Table 1, in order of severity. By concussion is meant a mechanical jolt that interrupts function temporarily, but does not cause any detectable tissue damage. Contusion and laceration are accompanied by edema and hemorrhage, and always leave some permanent damage. Echols² reported a case of intracerebellar hematoma that began while wrestling.

TABLE 1.—*Varieties of Cerebellar Injury:*

1. Concussion
2. Edema
3. Contusion
4. Laceration
5. Compression of hematoma

SYMPTOMS AND SIGNS OF ACUTE CEREBELLAR INJURY

In Table 2 are listed the symptoms of acute cerebellar injury. Headache is not an important nor a significant symptom of disturbed cerebellar function in the early stages of a head injury. At first there may be combinations of such factors as contused scalp, injured neck muscles, subarachnoid hemorrhage, or increased intracranial pressure.

TABLE 2.—*Symptoms of Acute Cerebellar Injury:*

1. Nystagmus and uncomfortable eye movement
2. Vertigo
3. Nausea and vomiting
4. Ataxia and other motor signs

The eye movements, including the function of convergence, are connected intimately with mechanisms for balance and orientation in space. Central lesions affecting this extensive system may be manifest in eye discomfort. At first, looking to the side of the lesion may cause pain in the eyes or in the occipital region, and is often accompanied by nausea, vertigo, or nystagmus. Vertigo may be defined as a sensation of motion contrary to the fact. Dizziness must be differentiated from faintness due to getting up quickly from sitting, lying, or stooping. The dizziness may consist in true vertigo with the feeling that objects are turning or are sloping (objective vertigo). In subjective vertigo, objects appear stationary and the patient seems to turn or fall. In another form of dizziness there is no sense of falling or turning, but a feeling of instability in space. Table 3 enumerates the various ways in which vertigo may be present.

TABLE 3.—*Vertigo—Severity of Symptoms:*

1. Present all the time
2. Present only on getting up, lying down, or changing position of head
3. Subjective or objective vertigo
4. Feeling of instability
5. In acute spontaneous attacks
6. When climbing in high places
7. When walking on a slope, on uneven ground, or in the dark

TABLE 4.—*Motor Effects of Cerebellar Injury:*

1. Loss of muscle tone
2. Ataxia—irregularity of movement
3. Dysdiadokokinesia
4. Tremor—intention
5. Unsteadiness of gait
6. Nystagmus
7. Diminished deep reflexes

TABLE 5.—*Late Symptoms of Cerebellar Injury:*

1. Headache
2. Dizziness and disturbances of gait
3. Motor effects
4. Eye effects

TABLE 6.—*Vestibular Reactions After Cerebellar Injury:*

1. Normal or hyperirritable
2. May be normal even though the patient suffer from true vertigo
3. May have good nystagmus in response to turning, but absent to caloric stimulation
4. Diminished or absent constitutional reaction
5. Abnormal pastpointing
6. Perverved nystagmus
7. Horizontal canal intact, but vertical canals impaired

TABLE 7.—*Essential Points in Investigation of Suspected Cerebellar Injury:*

1. Bleeding from ears, throat
2. Contused or tender scalp or neck muscles
3. Neck movement—bend forward, turn and tilt to sides
4. Eye movements—nystagmus, discomfort, diplopia
5. Function of cranial nerves—5 to 12 (see Table 8)
6. Deep reflexes
7. Muscle tone
8. Finger-to-nose and heel-knee-tibia tests
9. Control of arms:
 - (a) Rapidly repeated movement—patting
 - (b) Rapidly alternating movement—turn each forearm back and forth
 - (c) Coördination—movement at wrist as fist is opened and closed
10. Vibratory sensation on wrists and ankles

Nausea and vomiting are seldom of cerebellar origin unless they accompany vertigo or headache.

In cases of severe cerebellar damage, control of an arm or leg may be affected, but often the patient is too sick to notice the impaired control or to display it. The motor effects, if present (Table 4), may be detected early, but usually show improvement even in the first few days. Loss of muscle tone is evident by palpation of the muscles and comparing with the opposite side, or by judging the degree of resistance to passive movement. Ataxia is evident as irregularity in the finger-to-nose test, so that the movement is jerky,

deviates from the intended line of movement, may stop short of the nose or go too far, and all segments of the arm and hand may fail to work in unison. Dysidiadokokinesia is demonstrated by having the patient alternately pronate and supinate the forearm and wrist, with fingers extended. In the finger-to-nose test, tremor results when the patient tries to control the incoördination between different segments of the arm, the incoördination between appropriate agonistic and antagonistic muscles, the impaired orientation in space and the poor response of the muscles that do the work. Thus, it is an "intention tremor," and this is present only during voluntary movement. Unsteadiness of gait may be due, in part, to impaired control of one side of the body as well as to poor sense of equilibrium. Holmes⁸ has written an excellent article on this phase of the subject. Nystagmus has been referred to as ataxia of the eye muscles. Grove⁹ has studied it extensively, defining certain characteristics that identify the origin of the nystagmus. Decrease in deep reflexes goes hand in hand with loss of muscle tone.

Although the cerebellum is motor rather than sensory, in its functions vibratory sensation, tested by pressing the base of a tuning fork to the various bony prominences, may be found reduced on the same side as cerebellar lesion. This finding alone, like some of the other signs, if they are slight, might not be convincing evidence of cerebellar injury, but the combination of even a few slight signs may be sufficient to establish such a diagnosis.

LATE SYMPTOMS OF CEREBELLAR INJURY

Unless the cerebellar lesion be extensive and severe, many of the clinical manifestations will disappear within a few weeks of the injury. The disturbances that tend to persist are in Table 5. Headache following cerebellar injury may be due to meningeal irritation from adhesions in the posterior fossa. It is often accompanied by stiffness in suboccipital muscles on one or both sides, with limitation of neck movement. Another factor sometimes found in posttraumatic headache is chronic strain of neck muscles from unconsciously holding the head in such a position as to compensate for slight double vision or for difficult convergence of the eyes.

Vertigo, manifesting itself in some of the various ways mentioned in Table 3, is the most common symptom to persist. An occasional feeling of unsteadiness does not constitute any actual disability in many types of work, but it does preclude working on scaffolds, high buildings, etc.

Vestibular studies are of great help in investigating cases of unsteadiness or vertigo following a head injury. The subject has been covered well by Brunner,³ Linthicum and Rand,⁴ Morsier and Barbey,¹⁰ and Portmann and Despons.¹¹ The more common abnormal responses are listed in Table 6. Although all authors do not agree on this point, Brunner³ and Murphy¹² state that normal responses may be found even though true vertigo or vertiginous attacks exist. Linthicum and Rand⁴

found the vestibular reactions to be useful in differentiating between central and end-organ disturbances. They pointed out that vertigo of peripheral origin is much more likely to clear up than that of central origin. Zacks¹³ found that children under ten years of age seldom had residual symptoms after head injury affecting the cerebellum. He also gave prognostic significance

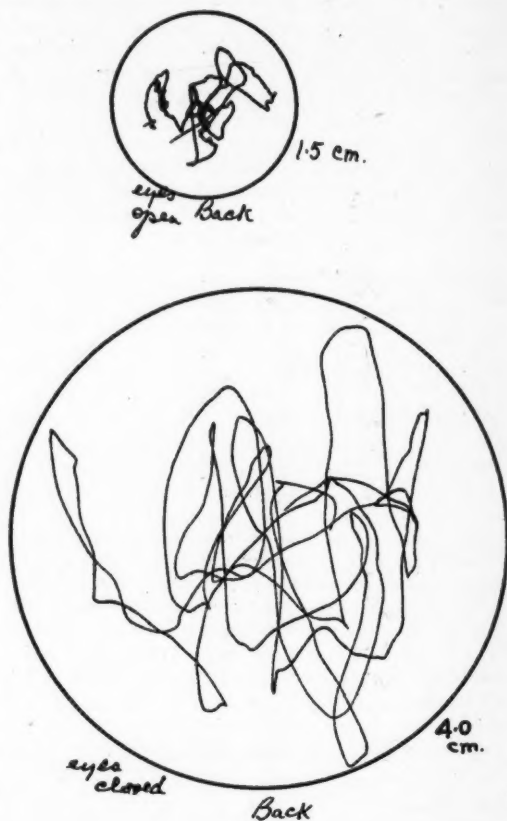


Fig. 1.—Romberg tracings in the case of a policeman, fifteen months after a severe head injury. He complained of unsteadiness, particularly in the dark, and the tracings show that, with eyes open, the pattern lies within a circle of 1.5 cm. radius (normal size) but with eyes closed the circle is of 4 cm. radius. (The normal is seldom over 3 cm.) It is seen that in the deviations from the center of balance a loop is usually formed.

to the vestibular tests in that, if abnormal responses persisted for from six to twelve months, the chance for spontaneous recovery was not great.

Disturbed control of an arm or leg is likely to persist only when the cerebellum has been damaged severely. Slight evidence of impaired control, for example of an arm, although it may not cause any disability, may help to corroborate the diagnosis of residual injury leading to the other more troublesome symptoms. Disturbances of gait are due to abnormalities in the sense of balance or to impaired control of trunk or legs. In doing the Romberg test in such cases, excessive swaying is usually found, particularly when the patient

closes his eyes. Tracings can be made by mounting a small pen on the patient's head and then lowering, against the pen, a horizontal board bearing a sheet of paper. The method is described completely elsewhere.* Such tracings are illustrated in Figures 1, 2, and 3.

Hathaway and McKinley⁷ have reported electromyographic studies of cerebellar lesions, and have demonstrated several points in the tracings that differentiate cerebellar from cerebral disturbances.

Late eye effects are due to the complex connections between eye-muscles and the cerebellum.

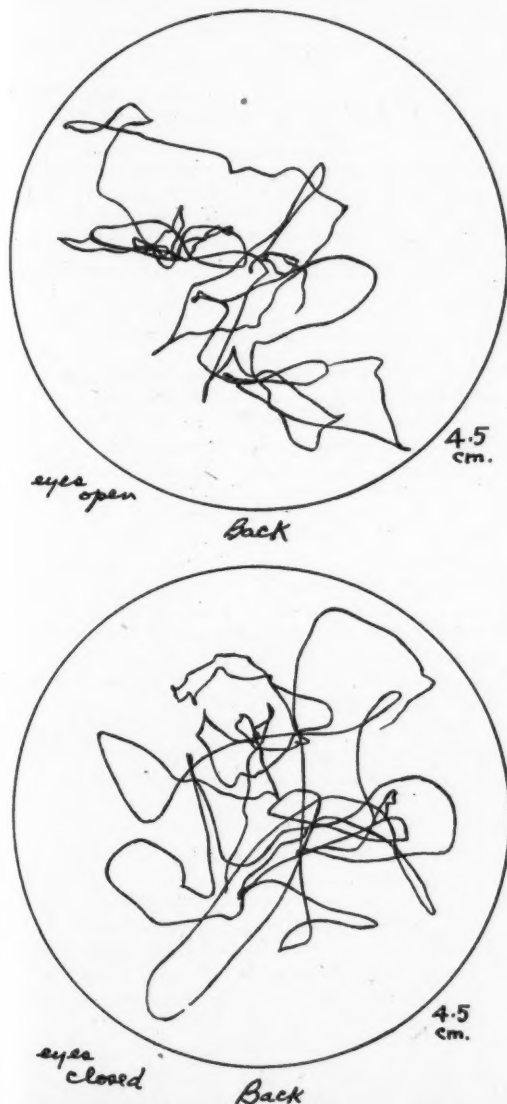


Fig. 2.—Romberg tracings in the case of a boy of six with a midline cerebellar medulloblastoma, postoperatively. Balance is poor, with eyes open or closed, because the disturbance affects not only the mechanisms of equilibrium sense, but also the control of trunk and legs, so that, even when his eyes are able to detect that he is swaying, the legs cannot perform normally to prevent the swaying.

The patient may complain of impaired vision for objects closer than a few feet away, and the underlying cause may be poor or uncomfortable convergence of the eyes. It is worse while reading or after reading for a certain length of time. Such

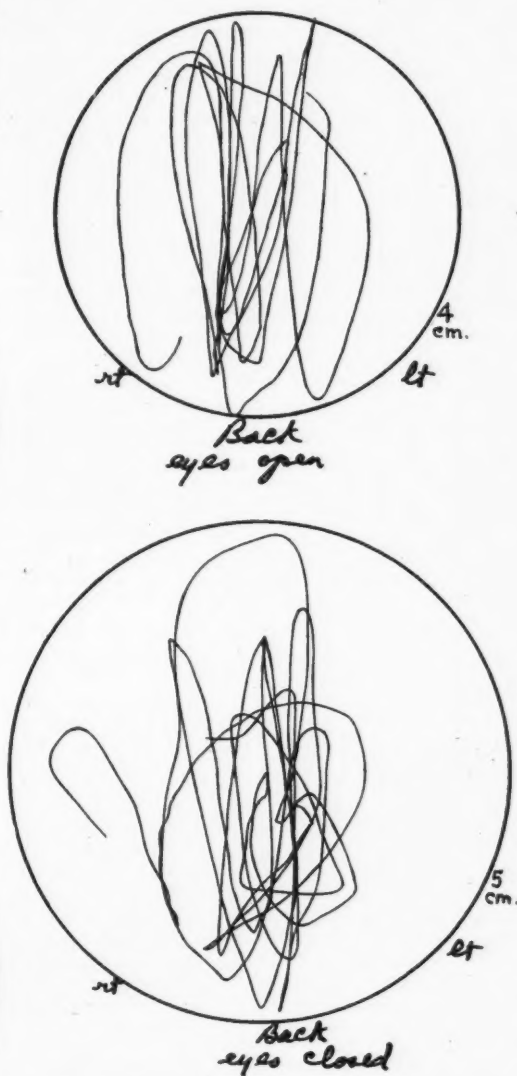


Fig. 3.—Romberg tracings of a man who claimed total disability due to poor balance. He swayed back and forth with no evident unsteadiness, and was suspected strongly of malingering. The regular lines in the tracing would lead one to the same diagnosis.

patients may complain of discomfort on turning the eyes far toward the side of the cerebellar lesion, and then nystagmus or perhaps only a few jerks may be observed in contrast to gazing to the opposite side.

A case is reported briefly to illustrate some of the above points.

REPORT OF CASE

CASE 1.—Mrs. M. W., aged 43 years, was admitted to the White Memorial Hospital on January 2, 1942. The history was of being struck by a car at 2:30 P.M. and of falling to the pavement, striking the back of the head. She was unconscious for a few minutes and, on regaining consciousness, attempted to vomit, but brought up very little material. When seen at 10 P.M., she complained of headache that was excruciating, pain in the neck and occiput, nausea and vomiting, pain in the eyes, photophobia, and loss of the sense of smell.

On examination, the patient was found to be quite alert and coöperative, but complaining constantly of severe headache. There was considerable resistance on attempting to bend the neck forward, but not on turning it in other directions. There was tenderness and swelling, with some discoloration in the region of the occiput. Sense of smell was entirely absent on both sides. The optic discs were moderately sharp in outline and pink in color, with almost no physiological cups. The left pupil was smaller than the right. There was no limitation of eye movement, but the patient complained of pain on turning the eyes to either side, and demonstrated fine irregular nystagmus on gaze to either side. Sensation to pin-prick was definitely decreased on the upper and central portions of both sides of the face. There was slight weakness of the right side of the mouth during voluntary movement. Hearing was slightly reduced on both sides by air conduction, but in the Weber test the sound was referred equally to the two sides. Deep reflexes were uniformly a little stronger in the right arm and leg than the left. Superficial reflexes were entirely absent.

The diagnoses were made of mild cerebral concussion, cerebellar contusion, injury of both olfactory tracts, injury of left cerebral hemisphere, and subarachnoid hemorrhage.

Spinal puncture showed initial pressure of over 300 mm. of water, fluid deeply blood-stained and the removal of 15 c.c. lowered the pressure to 150 mm. By this time the headache was almost entirely relieved. On January 4, headache was again severe, although there was less nausea and vomiting. The optic discs were definitely raised and spinal puncture, with the head elevated, showed an initial pressure of 380 mm. of water. Some 5 c.c. of spinal fluid were allowed to escape, when the flow suddenly became quite slow although the pressure measured 185 mm. Passive abdominal compression produced an immediate rise in the manometer, which showed the spinal puncture needle was not obstructed. After waiting for a minute or two, the flow was again rapid and another 13 c.c. of fluid was allowed to escape quite slowly, bringing the final pressure to 160 mm. of water. It seemed that there was almost a block at the foramen magnum, and that a hematoma might be present in the posterior fossa. However, the headache was again relieved and it became better gradually from this time on.

On January 6, all symptoms were improving. By this time discomfort in the eyes was noticed only on turning them toward the right. Also, on gazing to the right, the patient complained of vertigo, and rotary nystagmoid jerks were seen. There was no abnormality on turning the eyes toward the left. Two days later the patient was sitting up in bed and complained of vertigo when she would turn her eyes upward. Now, four months after the accident, the patient still complains of occasional attacks of vertigo when she changes the position of her head.

Although the blow was on the back of the head, it was produced by falling and the dislocation of the brain backward was sufficient to tear the olfactory tracts in front. This illustrates again that the area of brain damage is not limited to the region of the blow on the head. The

neurological signs, that were of short duration, were the impaired sensation on the upper parts of the face on both sides, the lower left palatal arch and the discomfort and nystagmus on turning the eyes to the left. These signs must have been due to compression or slight contusion of a diffuse nature in the posterior fossa.

TABLE 8.—*Function of Cranial Nerves—5 to 12:*

5. Sensation on face—pin, corneal reflex
6. External rectus muscle of eye
7. Facial movement; taste on anterior two-thirds of tongue
8. Hearing; vestibular reactions
- 9-10. Palatal movement; gag reflex; voice
11. Sternomastoid and trapezius muscles
12. Movement of tongue

ROUTINE TESTS

When first seeing a patient with an acute head injury, the elements of examination that give information regarding the posterior fossa are in Table 7. After the patient becomes ambulant, other tests that can be added include: (1) Romberg test. (2) Gait. (3) Vestibular studies.

For convenience in reference, Tables 1 to 8 present some of the essential symptoms and other data.

COMMENT

It is sometimes necessary to decide upon the validity of a patient's complaint of impaired balance or vertigo resulting from an injury. The malingerer or neurotic hesitates and has difficulty in describing his symptoms in exact terms; and the symptoms do not follow the usual clinical course, lack the proper characteristics, and are not influenced by physiological stimuli in the ways pointed out above. Murphy¹ points out that few malingerers can describe the typical phenomena. Such bizarre effects as the Romberg tracing in Figure 3 stamp the disorder, as far as balance is concerned, as being functional. Thus, in the absence of objective signs to corroborate the patient's complaints, the latter may be considered on their own merits. The finding of cranial nerve lesions in the region of a suspected cerebellar injury lends weight to the latter diagnosis.

SUMMARY

The cerebellum is an organ for controlling and regulating muscle action and for coördinating the various elements concerned in equilibrium. When a part of the cerebellum is destroyed, the remainder, through its diffuse and multiple arrangement of connections, is capable of early substitution and reëducation, so that the resultant disability is minimal.

Cerebellar injuries tend to recover rapidly so that, several months later, objective signs may be scanty, although disturbing symptoms persist. Much of the later difficulty in diagnosis can be avoided by early examination and by following any abnormalities at intervals until they finally disappear or reach their minimum.

1136 West Sixth Street.

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CALIFORNIA PHYSICIANS' SERVICE*

HON. GEORGE E. OUTLAND
Santa Barbara

MR. OUTLAND. Mr. Speaker, every Member of Congress has been deluged with communications relative to S. 1161, the Wagner-Murray-Dingell bill. It seems to me that thus far there has been a maximum of heat and a minimum of light shed on this whole problem of providing better medical care for the great mass of the American people. It is certainly true that there are segments of our population, especially in the middle-income brackets, and in rural areas, that do not have adequate medical and hospital care even in peacetime. Taking steps to provide such care is an important challenge to the American people and especially to the medical profession itself. Unfortunately, many well-meaning individuals who have seen this problem have advocated cures that do not consider some of the other elements in the situation. To me it is tremendously important to preserve the professional

standards and practices in the field of medicine, standards and practices which have been built up over a great many years. Moreover, any comprehensive program for medical improvement should be carried out with the active coöperation of the medical profession; it should not be something which is forcibly imposed upon them by legislative dictation. I am optimistic enough to believe that the great majority of American doctors are fully cognizant of the problem and that they are more than willing, yes, anxious to help solve it. Unfortunately, a few short-sighted ones have sometimes given a different impression. In harmony with this belief, I am further of the opinion that the leaders of the medical profession throughout the country should now be taking active steps to put forward a positive program of their own, a program that frankly acknowledges the difficulties to be met and as frankly sets forth, step by step, ways and means of meeting these problems that are in harmony with sound medical ethics.

In California we have been watching with a great deal of interest the development of a plan sponsored by the doctors themselves for the spreading of the cost of illness. We see in that plan a nucleus of a sound, fundamental method of allowing the middle-income worker to insure himself against the expenses of ill-health through an organization which the doctors themselves operate, which is organized not for profit, and which enables the common man to enjoy the best possible medical care at a fixed rate which he can prepay on a monthly basis.

I am referring to California Physicians' Service, which was established in the fall of 1939 and which has gradually been getting its feet on the ground since that time.

There are numerous such plans in many States and countries, plans which are operated by the doctors themselves through their local or State medical associations. We all know that none of these plans is perfect, that all of them have some drawbacks. They are not ideal, but they most certainly show the desire and the determination of many of the leaders of the medical profession to extend their services to the ordinary working man on a basis which he can afford. California Physicians' Service is such a plan and one which many people in California believe to be the best of the various plans already offered because it gives to its members probably the broadest coverage of any of the professional plans so far developed.

MR. POULSON. Will the gentleman yield?

MR. OUTLAND: I yield.

MR. POULSON: I want to compliment my colleague from California, because we in California fully realize that the doctors there do realize the necessity for something to meet the need of proper medical care for low-income groups, and the idea which the gentleman undoubtedly is going to develop, and about which the gentleman is informing the Congress is a substitute which is a practical one for socialized medicine. The California Physicians' Service has been successful

* Speech of Hon. George E. Outland, Congressman from the 11th California District, in the House of Representatives, March 20, 1944.

and will not destroy professional standards, nor will it destroy the one thing which is called the personal ability of the doctor, by regimenting him or discouraging any development of medical science. I think the gentleman should be complimented for bringing to the attention of the Congress a system which is definitely proving successful.

MR. OUTLAND. I thank the gentleman. In many respects he has anticipated some of the points I was going to make.

MR. HOLIFIELD. Will the gentleman yield?

MR. OUTLAND. I yield to my distinguished friend from California.

MR. HOLIFIELD. I, too, wish to compliment my colleague from California on his presentation of this service, which no doubt is not available in many of the States of our Nation. I feel that insofar as possible the doctors of California are trying to work out this problem that faces them both as to their profession and as to the needs of the people in the low-income groups in California. Furthermore, they are working it out in such an equitable way that it will not be a detriment to the professional standards and personal relationship between the private physician and his patient.

MR. OUTLAND. The gentleman is correct. In other words, the plan, as it is being developed by the physicians in our State, is simply trying to accomplish two things at the same time. One, to take a great step forward in providing better medical care for the large masses of our people, and, second, to take that step in harmony with the best practices and traditions of the medical profession.

MR. ROLPH. Mr. Speaker, will the gentleman yield?

MR. OUTLAND. I yield.

MR. ROLPH. I want to join with my colleagues from California in complimenting the gentleman on his very splendid address. The medical profession in San Francisco will be very much interested to hear about this praise of their efforts, and to learn of this discussion which the gentleman is bringing forth. I have received many communications from San Francisco expressing great interest in this question, and I think the gentleman is performing a splendid service in bringing it definitely before the Congress at this time.

MR. OUTLAND. I thank the gentleman for his contribution.

If we look for a moment at what California Physicians' Service has already accomplished and at what has similarly been accomplished by similar plans in other States, we can readily see that the doctors have gone a long way in experimenting in the provision of high-grade medical care through prepayment plans. We can see a definite program for providing medical care for the great moderate-income group of our citizens and providing it on a budget basis which falls well within the means of this group. Further, we see a plan under which the type of medical care provided is

the best that the medical profession has to offer to its patients, rich or poor.

No longer are the rich man and the extremely poor man the only ones who can receive the services of the best-qualified specialists. The school teacher, the policeman, the clerk, the truck driver, or any employed person in the same income group is allowed to choose his own doctor from a State-wide panel which includes the best medical practitioners in California. Once the employed person is a member of California Physicians' Service he has only to name his own doctor from more than 5,000 members and to go to that doctor for treatment when he needs it.

There have been criticisms voiced in various quarters that this plan and similar ones are caring for only a limited number of people and that the great bulk of the moderate-income workers of the country are not similarly provided for. It is true that the progress of California Physicians' Service has been relatively slow. And it is also true that only a small percentage of the employed persons in California are today covered by the California Physicians' Service program. But it is a step in the right direction—a big step.

On the other hand, let us look for a moment at the obstacles which the physicians of California had to overcome in bringing their service plan to its present stage of development. First of all, let us not lose sight of the fact that this has been a pioneer movement. There have been no statistics, no actuarial data, for the physicians to rely upon. There has been no experience of earlier programs to furnish a guide to the doctors of California. Each step has had to be taken on the best possible estimate of the consequences. When a full coverage medical-care service was offered to employed persons who knew how many of those enrolled in the plan would visit the doctor each month and require service? Would it be 10 out of every 100, or would it be 50? No one had the answer to that question. No one had ever been offered such a service.

That and hundreds of similar questions have had to be answered by California Physicians' Service on the basis of their own experience in the last 4 years. It is no more than natural that the answers to these questions are evolving slowly. Meanwhile, the doctors who are members of the service are paying the cost of this experimentation. In my opinion, we cannot blame these doctors if they are reluctant to extend their experiments beyond reasonable financial bounds until such a time as they may be more certain of the ultimate effects of their program.

The doctors of California do not have unlimited resources, and they must necessarily proceed carefully in order not to bankrupt themselves. An error of a few cents a month in dues charged the individual subscribers can result in the loss of millions of dollars in the aggregate. As it is, the earlier experimental stages of California Physicians' Service have already cost the doctors of California more than \$1,350,000 in reduced fees for service. When the income for the service was insufficient to pay for medical bills,

the doctors voluntarily took half pay so that the plan could survive and grow. They have done this as a means of developing a program which will serve the citizens of California and which may well be used for the service of the citizens of any and all States.

MR. JUDD. Will the gentleman yield?

MR. OUTLAND. I yield to the gentleman, who is himself a distinguished member of the medical profession.

MR. JUDD. I want to commend the gentleman for bringing this matter before Congress. I want to commend the doctors of his State for approaching the problem in such a practical way. There are very few physicians who are at all progressive, who will deny that there is maldistribution of medical care. We have two problems. One, the best grade of medical care; and second, the more equitable distribution to the people, not on the basis of where the money is greatest, but on the basis of where the need is greatest. The easiest way to solve the problem is to run to Washington and get a blueprint that will answer the question. I am convinced that this is like a pilot plant in a new industry. The doctors in your State are blazing the trail by sitting down and taking the losses, if necessary, and planning on the basis of trial and error, a program that will preserve the splendid things in the American system of medical practice, which has given a majority of the people better medical care than any other system in the world, and yet will permit them the growth necessary to meet modern urban civilization and modern industrial civilization. I think all the doctors in the country, as well as the common people, are watching with great interest this experiment in California, and those in other States, including my own State, are learning from it. My own State led the Nation. It tried a whole series of programs or plans. A few counties here, a few counties there tried another plan, and another few counties tried a third plan. I think this one that has been worked out in California and another one in Michigan have been more satisfactory. I appreciate the gentleman's interest in this subject, which is very close to my heart.

MR. OUTLAND. I thank the gentleman very much. The subject is one that is very close to me personally, as well as being one of the greatest importance to the people of our own State. I thank the gentleman on behalf of our California doctors for his complimentary remarks. I know they are well deserved.

These contributions by the doctors are still mounting, month by month. In my opinion, the doctors of California are doing a noteworthy piece of work in developing a comprehensive program of medical care which is saving the American public millions of dollars in experimental costs.

With the background of information already gained by California Physicians' Service and by similar plans in other States, it is evident that we

may look forward to a much more widespread development of health insurance in the near future. It is certain also that when a final plan is fully worked out it will contain the necessary physician-patient relationship, without the interference of an intermediary third party. This is true today of California Physicians' Service.

We all know how the cost of medical care has been placed on a budget basis by the hospitals. By grouping themselves together and forming non-profit insurance companies, the hospitals have been able to offer the public a prepayment plan for meeting hospital costs. Today there are hundreds of plans in operation throughout the country, under the banner of the Blue Cross and similar national organizations. They offer hospital service in any one of thousands of member hospitals, here or anywhere in the world, at a cost to the subscriber of from 60 to 90 cents a month. Here is a budget plan which has been worked out by the medical and hospital groups themselves and which today is a going business, serving more than 12,000,000 subscribers in every State in the Union.

These hospital plans point the way to a further development of medical-care plans. The doctors of the country have been intimately associated with the growth of the hospital plans, and in many cases the doctors have joined forces with the hospitals in providing both hospital and medical care for subscribers.

In California there has been another development which is worthy of note. We have seen California Physicians' Service make contracts with the Federal Government for the care of thousands of persons who are, directly or indirectly, charges of the Government. The first development of this type was among the low-income farm families and were borrowers from the Farm Security Administration. California Physicians' Service provided a plan whereby these farm families could obtain, at a nominal monthly cost, a complete medical and hospital care service. This service has been acknowledged as having maintained the health of these farm families at such a high level that vital farm production has been continued practically without interruption by illness.

More recently California Physicians' Service has entered into contracts with Government housing authorities in half a dozen California cities. In these war-disrupted areas, this service has established medical centers where early and complete diagnosis of illness has been possible and where the resident families have been able to obtain medical care which otherwise would have been denied them because of the boom-town nature of the communities. More than 50,000 of our essential war workers are today being provided with the best medical care under this program. The war workers are happy about it; the doctors are coöperating in it; the Nation's war effort is being well served by it.*

* Ed. Note.—Congressman Outland's article is concluded on page 230. (In right-hand column, immediately above the department of "Medical Jurisprudence.")

CALIFORNIA MEDICAL ASSOCIATION

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E. VINCENT ASKEY, M.D.....Speaker
PHILIP K. GILMAN, M.D.....Council Chairman
GEORGE H. KRESS, M.D.....Secretary-Treasurer and Editor
JOHN HUNTON.....Executive Secretary

Chairman of the Board:

Albert J. Scholl, Los Angeles

Executive Committee:

Lambert B. Coblenz, San Francisco
Fred D. Heegler, Napa
Albert J. Scholl, Los Angeles
George W. Walker, Fresno

Anesthesiology:

H. R. Hathaway, San Francisco
Ernest H. Warnock, Los Angeles

Dermatology and Syphilology:

William H. Goeckerman, Los Angeles
H. J. Templeton, Oakland

Eye, Ear, Nose and Throat:

Frederick C. Cordes, San Francisco
L. G. Hunnicutt, Pasadena
George W. Walker, Fresno

General Medicine:

Lambert B. Coblenz, San Francisco
L. Dale Huffman, Hollywood
Mast Wolfson, Monterey

General Surgery (including Orthopedics):

Frederic C. Bost, San Francisco
Fred D. Heegler, Napa
William P. Kroger, Los Angeles

Industrial Medicine and Surgery:

John D. Gillis, Los Angeles
John E. Kirkpatrick, Shasta Dam

Plastic Surgery:

William S. Kiskadden, Los Angeles
George W. Pierce, San Francisco

Neuropsychiatry:

Olga Bridgman, San Francisco
John B. Doyle, Los Angeles

Obstetrics and Gynecology:

Daniel G. Morton, San Francisco
Donald G. Tollefson, Los Angeles

Pediatrics:

William W. Belford, San Diego
William C. Deamer, San Francisco

Pathology and Bacteriology:

Alvin J. Cox, Jr., San Francisco
R. J. Pickard, San Diego

Radiology:

R. R. Newell, San Francisco
Henry J. Ullmann, Santa Barbara

Urology:

Lewis Michelson, San Francisco
Albert J. Scholl, Los Angeles

Pharmacology:

W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

†For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL CALL

To the Officers and Members of the California Medical Association:

The seventy-third annual session of the California Medical Association will be held at Hotel Biltmore, in Los Angeles, on Sunday, May 7th, and Monday, May 8th, Nineteen hundred and forty-four.

The House of Delegates will convene on Sunday, May 7th, at 12:00 o'clock noon.

The Scientific Assembly of the Association will open with the General Meeting, held on Sunday, May 7th, at 9:00 A.M. General Meetings will also be held on Sunday afternoon and Monday morning.

The thirteen Scientific Sections of the Scientific Assembly will meet Monday afternoon, May 8th, at 1:30 o'clock.

The C.M.A. Council will convene for its 316th meeting on Saturday, May 6, 1944, at 2:00 P.M.

KARL L. SCHAUPP, *President.*

E. VINCENT ASKEY, *Speaker, House of Delegates.*

PHILIP K. GILMAN, *Chairman, Council.*

ATTEST:

GEORGE H. KRESS, *Secretary.*

San Francisco, California, February 23, 1943.

A.M.A. House of Delegates

The House of Delegates will convene at 10:00 A.M., on Monday, June 12, 1944, in the Red Lacquer Room of the Palmer House, Monroe Street between State Street and Wabash Avenue, Chicago, Illinois.

REPRESENTATION

The apportionment of delegates made at the Chicago Session of 1943 entitles your State Association to eight delegates for 1944-45-46.

"A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve.

"Delegates and alternates from constituent associations shall be elected for two years. Constituent associations entitled to more than one representative shall elect them so that one-half, as near as may be, shall be elected each year. Delegates and alternates elected by the sections, or delegates appointed from the United States Army, United States Navy and United States Public Health Service shall hold office for two years."—*Chap. I, Secs. 1 and 2, By-Laws.*

The Scientific Assembly of the A.M.A. will open with the General Meeting, held on Tuesday, June 13, 1944, at 8:00 P.M. The various Scientific Sections will meet on Wednesday, June 14, at 9:00 A.M.

Proposed Amendment to Section 3(a) (2) of Chapter II of the By-Laws of California Medical Association

Paragraph 2 of subsection (a) of Section 3 of Chapter II of the by-laws of this Association, California Medical Association, is hereby amended by deleting from said paragraph 2 the sentence reading as follows:

"At the expiration of the terms of office of the respective members of such Committee successors shall be

elected in like manner to serve for a period of one (1) year each."

and by substituting in lieu of said sentence the following:

"At the expiration of the terms of office of the respective members of such Committee successors shall be elected in like manner to serve for a period of three (3) years each."

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Fifteenth (315th) Meeting of the Council of the California Medical Association

The meeting was called to order in the Empire Room of the Hotel Fairmont in San Francisco, at 10:30 A.M., on Sunday, March 5, 1944.

1. Roll Call:

Councilors Present: Philip K. Gilman, Chairman; Karl L. Schaupp, Lowell S. Goin, William R. Molony, Sr., E. Vincent Askey, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Calvert L. Emmons, Harry E. Henderson, Axel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and Secretary George H. Kress.

Councilors Absent: Donald Cass.

Present by Invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; John Hunton, Executive Secretary; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; Ben Read, Secretary, Public Health League; T. Henshaw Kelly, A. E. Larsen, Bryan Kelly, and W. Glenn Ebersole of the California Physicians' Service.

2. Minutes:

Minutes of the following meetings were submitted:

(a) San Francisco meeting of the C.M.A. Council (314th), held on January 23, 1944. (Abstract printed in C. & W. M., March, pages 101-105.)

Councilor Kindall called attention to the report of the Special Committee on Permanente Hospital, and stated that, while the Council had informally approved the report, it had not taken official action. On motion duly made and seconded, it was voted to insert in the minutes of the 314th meeting that the recommendations contained in the report of the Special Committee were approved by the Council.

The minutes of the 314th meeting of the Council were then approved as amended.

(b) Report was made on an informal meeting of members of the Executive Committee, held on Monday, February 7, 1944.

3. Membership:

(a) A report of the membership, as of February 4, 1944, was submitted and placed on file.

(b) Upon motion made and seconded, it was voted to reinstate one member whose membership had automatically lapsed on April 1, 1943, and whose dues had been paid since the last Council meeting, held on January 23, 1944.

(c) Upon motion made and seconded, Retired Membership was granted to the following members whose applications had been received in accredited form from their respective county societies:

Albert T. Charlton, Los Angeles County
Gail Fehrens, Los Angeles County
C. E. Schoff, Sacramento County
Anita M. Muhl, San Diego County
Walter H. Winterberg, San Francisco County

(d) Upon motion made and seconded, Life Membership was granted to the following member whose application had been received in accredited form from his county society:

William Arthur Rowell, Shasta-Trinity County

4. Financial:

(a) A cash report, as of March 4, 1944, was submitted.

(b) Report was made concerning income and expenditures for February, and for the two months ending February 29, 1944.

(c) A balance sheet, as of February 29, 1944, was submitted.

Upon motion made and seconded, the above reports were received and placed on file.

(d) Upon motion made and seconded, it was voted that the California Medical Association pay to the "Trustees of the California Medical Association" the sum of \$16,303.07, the same being the final payment on a loan from the "Trustees of the C.M.A."

5. Osteopathic Conferences:

In answer to queries, it was stated that while the Association of American Medical Colleges and the A.M.A. Council on Medical Education and Hospitals were presumably in favor of certain procedures, the Federation of State Medical Boards of the United States had raised objections to the tentative plans under consideration. For the time being, the matter so rests.

6. Malpractice Insurance Premiums:

For the C.M.A. Committee on Medical Defense, its Chairman, Dr. Nelson J. Howard, submitted a written report.

After discussion, it was voted to accept the report, and the Council Chairman was authorized to appoint the special committee recommended.

The committee appointed consists of Nelson J. Howard, M.D., San Francisco, Chairman; Louis J. Regan, Los Angeles; and Hartley F. Peart, Esq., San Francisco.

7. 1944 Annual Session:

The C.M.A. Committee on Scientific Work submitted a memorandum report concerning the 73rd Annual Session to be held in Los Angeles on Sunday-Monday, May 7-8, 1944.

It was also stated that this year no commercial or scientific exhibits would be presented. Otherwise, the general program would be in line with the sequence of events given at last year's Annual Session.

It was stated that Dr. Alice Hamilton, Professor of Industrial Medicine at Harvard University, would be guest speaker, and that other invited guests would include prominent members of the Army and Navy.

On motion made and seconded, it was voted that the Local Committee on Arrangements, L. A. Alesen, Chairman, be given authority to have up to \$1,000 available for expenses.

8. Agricultural Workers Health and Medical Association:

President Karl L. Schaupp, Chairman of the special committee, stated that word had been received that President Roosevelt had signed Public Law 229 of the 78th Congress on February 14, 1944, the same dealing with H. J. Resolution 208. It was stated that P.L. 229 contained the safeguarding provisions concerning maintenance of health and medical care procedures for needy migratory workers in agriculture, which had been advocated by the California Medical Association. President Schaupp expressed appreciation to Association Secretary Kress for carrying on the correspondence and other work relating to the matter.

9. "California and Western Medicine":

A memorandum report was submitted and accepted concerning CALIFORNIA AND WESTERN MEDICINE. It was stated that, commencing with the April issue, the Official Journal would be printed by the Wolfer Company in Los Angeles.

Under existing conditions, with the sharp decrease in

size of the Official Journal, owing to the Governmental directive, it was not deemed feasible to make CALIFORNIA AND WESTERN MEDICINE also the official journal of the Nevada State Medical Association.

Space limitations in regard to the one page previously allotted to the Woman's Auxiliary were also outlined. It was stated that a synopsis of the official proceedings of the Woman's Auxiliary could be given space, but that the prevailing space limitations made it inadvisable to print accounts of social gatherings.

10. Public Opinion Survey Concerning Medical Practice in California: Need of Readjustment in Set-up of California Physicians' Service:

Lengthy discussion was had in which many members of the Council participated relative to the facts brought out in (1) the survey by Mr. John R. Mannix on "Voluntary Health Plans in California," printed in C. & W. M., November, 1943, page 258; (2) the public relations survey on reaction of citizens in California toward medical practice, as made by Foote, Cone and Belding in November, 1943, and referred to in C. & W. M., November, 1943, page 273, and March, 1944, page 102; (3) California Physicians' Service and Hospitalization Organization Liaison Committee activities, as referred to in C. & W. M., November, 1943, page 273, and March, 1944, page 103. References were also made to the Interpretative Report of Mr. John R. Little of Foote, Cone and Belding and of the lengthy 200-page survey report presented by his firm.

The minutes of the meeting of the Liaison Committee of Ten, held on December 12, 1943, and of the two subsequent meetings of the Committee of Eight, held on January 22, 1944, and February 9, 1944, were also referred to in regard to proposals made and actions taken.

It was agreed that California Physicians' Service,—which had been brought into being by the California Medical Association, to give medical service to lower income citizens of California,—would be in a stronger position to carry on its work if C.P.S. were made a more intimate part and parcel of the California Medical Association. Such readjustment was the more necessary because California Physicians' Service, as a statewide plan under the control of the medical profession, presented as good or better opportunity for acquainting citizens of California with the efforts of the California Medical Association to provide adequate medical service than any other agency that might be proposed or organized. The intimate relationships existing between medical service proper and hospitalization service proper were discussed, and the need to bring about an harmonious readjustment in regard thereto was repeatedly emphasized.

The importance of giving advance information to delegates and alternates who will act as such in the House of Delegates of the California Medical Association at the Annual Session in Los Angeles was brought out, and it was agreed that steps should be taken to that end, so that the members of the C.M.A. House of Delegates should be able to act to best advantage in the consideration of the important problems which are now confronting the medical profession, not only to California, but of the United States.

On motion by Askey, seconded by Powell, it was voted that the interpretative report of Mr. Little, for Foote, Cone and Belding, and a summary of the more detailed report that had been submitted should be sent to all duly elected delegates and alternates to the C.M.A. House of Delegates.

After further discussion, on motion by Councilor Cline, Chairman of the Committee on Reorganization of California Physicians' Service, duly seconded, the following resolutions were unanimously adopted:

Resolution

1. That there be no change in the general form or

functions of California Physicians' Service.

2. That there be no important change in the form and scope of contracts at the present time and that any changes made in the near future be based upon actuarial findings or other important considerations.

3. That no body other than the Trustees of California Physicians' Service possesses the intimate knowledge of the organization, administrative methods and personnel of the California Physicians' Service office required to make intelligent suggestions for their reorganization and that the Council take no action relative to these matters.

4. That the Board of Trustees of California Physicians' Service be requested to require that the employees of California Physicians' Service exercise the greatest possible effort in the field of public relations—as applied to the general public, beneficiary members and physicians.

5. That the Council request that California Physicians' Service take steps to constitute the House of Delegates of the California Medical Association as district members of the Board of Administrative Members of California Physicians' Service and to this end introduces the following motion:

MOTION

WHEREAS, It is the sense of the Council of the California Medical Association that due to various circumstances beyond the control of any individual or individuals the present administrative membership of California Physicians' Service has not functioned in the manner and to the extent originally contemplated by the founders of California Physicians' Service; and

WHEREAS, It is believed by the Council that it will create greater interest in and support of California Physicians' Service by the medical profession if the doctors of medicine who are district administrative members of California Physicians' Service are those persons who at the time are also members of the House of Delegates of the California Medical Association; now, therefore, be it

Resolved, That the Board of Trustees and the administrative members of California Physicians' Service are hereby requested to initiate and carry through to a successful conclusion all steps and proceedings necessary to change those provisions of the articles of incorporation and by-laws of California Physicians' Service that relate to the number, qualifications, method of election and tenure of membership of administrative members in California Physicians' Service to the end that the "district" administrative members of California Physicians' Service shall be those doctors who are members of the House of Delegates of the California Medical Association; and be it

Further Resolved, That said Board of Trustees and administrative members of California Physicians' Service are further requested to use their best efforts to accomplish said change on or before May 6, 1944, so that if possible the "district" administrative members of California Physicians' Service at the next annual meeting of administrative members to be held on said day or shortly thereafter can be those persons who are at the same time, members of the House of Delegates of the California Medical Association; and be it

Further Resolved, That the Council hereby expressly states that the requests hereinabove made are not intended as any reflection on or criticism of, or desire to remove from participation in California Physicians' Service those administrative members who are not doctors of medicine, but that on the contrary it is the express desire of this Council that the Board of Trustees and administrative members of California Physicians' Service in carrying out the changes above recommended continue the provisions for administrative members at large who may be either doctors of medicine or interested representatives of other professions and groups.

Resolution

WHEREAS, C.P.S. was created by the C.M.A. to meet certain needs which still exist, and evidence of this fact is borne out by the recent report of Foote, Cone and Belding; and

WHEREAS, C.P.S. is recognized as the best means which the medical profession of California possesses to combat the threat of socialized medicine; therefore be it

Resolved, That the Council of the California Medical Association express its determination to support, further, expand and improve California Physicians' Service.

* * *

Resolution

WHEREAS, The California Medical Association has repeatedly affirmed the principle that hospitalization service should be rendered by hospitalization organizations and that medical service, including radiology, pathology and anesthesiology, should be provided by organizations of physicians; and

WHEREAS, the Committee of Ten (now the Committee of Eight) representing the California Medical Association, Association of California Hospitals, Hospital Service of California, Intercoast Hospitalization Insurance Association, Hospital Service of Southern California, and California Physicians' Service, was created in good faith to accomplish a merger of the three hospitalization plans and California Physicians' Service in agreement with the stated principle and along the general lines of the Mannix Report; and

WHEREAS, Such merger depends more upon the will to create one statewide organization than upon legal and technical details; and

WHEREAS, Machinery for the arbitration of differences of opinion was suggested in the original motion creating the Committee of Ten; and

WHEREAS, Progress toward such accomplishment has been slow and characterized by actions and objections indicating an unwillingness on the part of certain representatives of organizations to cooperate in effecting the merger; and

WHEREAS, The California Medical Association is committed to the policy of improvement and expansion of California Physicians' Service and considers delay to be dangerous and unwarranted; therefore be it

Resolved, That California Physicians' Service be requested to continue participation in the Committee of Eight until such time as no further effective progress is being made, but in no event beyond 30 days unless satisfactory progress be made within that time; and be it further

Resolved, That if negotiations to the end of establishment of a unified statewide plan are not fruitful, California Physicians' Service be requested to conclude arrangements with such hospitalization organizations or organization as may be willing to enter into an agreement for statewide coverage with California Physicians' Service; and be it further

Resolved, That the Council do and hereby does eliminate any provision of geographical restriction in its approval of hospitalization organizations; and be it further

Resolved, That unless satisfactory arrangements can be made within a reasonable period (namely, within 60 days of this Council meeting of March 5, 1944, to permit report and action by the C.M.A. House of Delegates at the Annual Session commencing on May 6, 1944), California Physicians' Service be requested to proceed at once to cover the hospitalization of its own contracts without regard to similar contracts being issued by other organizations.

On motion by Goin, seconded by Kneeshaw, it was voted that the sum of not to exceed twenty-five thousand dollars (\$25,000.00) be allocated to cover the work that had been discussed in connection with the public relations

survey of Foote, Cone and Belding and the objectives of California Physicians' Service; the money so allocated to be expended under the supervision of the Executive Committee of the California Medical Association, and the Executive Committee to have authority to engage the services of public relations and other personnel to carry on the work along the lines discussed and agreed upon in the Council.

11. Resignation of C.M.A. Delegates and Alternates to the American Medical Association:

The subject,—how best to attain the achievement of the objectives that had been outlined in the previous considerations concerning the attitude of the public to the medical profession, with special relation to proposed federal and other legislation, and ways and means whereby legislators might be better informed on public health and associated needs, through establishment of a Bureau of Information at Washington, D. C.,—received continued exchange of opinion and discussion by Councilors.

On motion by Askey, seconded by Kneeshaw, it was voted (no negative votes being cast), that the following resolution be adopted:

Resolved, That a letter be sent to every C.M.A. Delegate and Alternate to the A.M.A., in which it would be stated that it is the judgment of the C.M.A. Council that each of such C.M.A. Delegates and Alternates to the A.M.A. tender his respective resignation; the C.M.A. House of Delegates at the Annual Session in May next to fill all vacancies in the list of C.M.A. Delegates and Alternates to the A.M.A. The Council, in making this request of the present C.M.A. Delegates and Alternates, takes such action without prejudice to them. The Council fully appreciates the loyal service rendered by the present Delegates and Alternates, but in view of the grave issues to be presented to the C.M.A. House of Delegates in May next, the Council feels it desirable that the C.M.A. House of Delegates shall have a free hand in deciding whom it wishes to present these matters to the A.M.A. House of Delegates in Chicago in June next.

12. Committee on Public Policy and Legislation:

Dr. Dwight H. Murray, Chairman of the C.M.A. Committee on Public Policy and Legislation, gave a detailed report concerning the formation of the United Public Health League, accounts of which have appeared in CALIFORNIA AND WESTERN MEDICINE, for January, on page 27, February on page 45, and March on page 109.

Dr. Murray reported on the recent national conference on Medical Service and other meetings held in Chicago during the week of February 13th, and stated that the reactions to his own address and the talk by Mr. Ben Read, Secretary of the Public Health League of California, had received favorable comment from many members who were present.

Information was also given concerning the conferences with the recently organized A.M.A. Council on Medical Service and Public Policy, and the prospective activities of various agencies. As regards the Bureau of Public Health Information to be organized in Washington, D. C., reference was made to an item appearing in J.A.M.A. for February 26, 1944, on page 583, in which the scope of the A.M.A. Council on Medical Service and Public Relations was briefly indicated, and also to conferences with Officers of the American Medical Association.

Dr. Murray also reported on the informal conference in San Francisco with local members of the C.M.A. Executive Committee, at which report had been made.

Mr. Ben Read also gave a report in considerable detail concerning his experiences in Chicago.

Dr. Murray stated that the United Public Health League would proceed to establish in Washington, D. C., on or about March 20th, a Bureau of Public Health Information such as had been approved by the C.M.A.

Council at its 314th meeting on January 23rd, as noted under Item 6 (C. and W. M. for March, 1944, on page 103), of the minutes, and this proposed action received the general approval of the Council.

13. Legal Department:

For the Legal Department, Legal Counsel Hartley F. Peart made the following report:

Mr. Peart reported on the present status of the Association's application to the Industrial Accident Commission for the adoption of a new, adequate and complete fee schedule for medical and surgical fees in industrial compensation cases.

Mr. Peart stated that the first compensation fee schedule was adopted about 30 years ago; it had been amended in June, 1920; by this amendment, the schedule was then increased about 25 per cent; since that date no changes have been made; the schedule enumerated and now enumerates 87 procedures and operations and the proposed complete schedule 543; that the association's application was filed in October, 1942, and a public hearing held February 15, 1943, since which time the Commission had kept the matter under advisement; the Commission deferred action pending the adoption of possible legislation which would give the Commission more control over practices connected with the act, preventing rebating, etc., but that efforts to amend the law had been unsuccessful due to withdrawal of support by certain labor leaders that on May 21, 1943, the chairman of the Commission had suggested, in a letter to the chairman of the Council, that if a long range program of control and discipline were adopted by the profession, the way would be cleared for action on the application; pursuant to this suggestion, the members have been circularized and the Commission was notified late in December, 1943, that signed pledges of nearly 6,000 physicians had been obtained, agreeing to abide by the fee schedule adopted by the Commission and to observe the ethics in this practice, and requesting that, as the chairman's suggestions had been effectively carried out, action then be taken by the Commission upon the application.

That under date of January 4, the chairman of the Commission had stated that the Commission felt it could not handicap the State Fund by the adoption of the new fee schedule which would not be observed by some of the privately owned insurance companies competing with the Fund, and that the Commission would not be able to act without proper legislation which would bind such private carriers as well as the Fund. That Chairman Gilman had replied to this letter, stating that, in the opinion of the Association, the competitive position of the public and private carriers was no justification for continuing to pay physicians inadequate fees; that the existing fee schedule had become obsolete, inadequate and unfair for lack of revision for over 23 years and that the arguments made by the chairman were as applicable in 1913 when the fee schedule was first established as they are today; that the profession should not be compelled by the Commission to continue to furnish these services at inadequate and unfair compensation to physicians, merely because adequate and fair compensation would result in increased expenditures by insurance companies; that the basic consideration is the welfare of the injured workman and not any other interest.

It was recommended that a special committee be created to make further representations in reference to this matter and on motion of Councilor MacDonald, duly seconded, the appointment of such a committee by the chairman of the Council was duly authorized.

14. Medical Service in Contra Costa County (Richmond District):

The problems which had arisen in the war industry area of the City of Richmond and adjacent territory were discussed. After consideration of the needs and the pos-

sibility of having California Physicians' Service move in and take over the work, rather than some commercial or other group not intimately connected with the medical profession, it was agreed that the California Medical Association should underwrite the medical care plan.

Dr. A. E. Larsen, of California Physicians' Service, stated that C.P.S. was willing to undertake the work if it was the wish of the California Medical Association, but that C.P.S. could not legally use funds received for other specific medical care to beneficiary members for such purpose.

Upon motion made and seconded, it was voted to underwrite the proposed plan to the amount of \$2,000 per month for a period of three months, it being stipulated that a substantial majority of the members of the Contra Costa County Medical Society should express their willingness to cooperate in fullest measure in the plan when the facilities were made available by the Federal Housing Authorities for the establishment of an infirmary set up by C.P.S.

15. Health Department Quarantine:

Councilor E. Earl Moody of Los Angeles called attention to a recent experience with an Officer of the Los Angeles Health Department, in which the Health Department Official contended he possessed rights to make diagnoses, etc., in addition to placing the quarantine placard on the house, the diagnosis of poliomyelitis having been made on the house.

After discussion, Councilor McClendon of San Diego, who is a member of the State Board of Public Health, stated he would call the matter to the attention of the proper authorities in order to clarify procedures in such work.

16. Time and Place of Next Meeting:

On motion made and seconded, it was voted that the 316th meeting of the Council be held in Los Angeles at the Hotel Biltmore on Saturday afternoon, May 6, 1944, beginning at the hour of 2:00 P.M.

17. Adjournment.

PHILIP K. GILMAN, *Chairman*.
GEORGE H. KRESS, *Secretary*.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Three Years of War Predicted

Three years more of war, with every inductee scheduled for full-time combat duty, has been predicted by Rear Admiral Ross T. McIntire, surgeon general of the Navy and personal physician to the President.

Doctor McIntire, speaking of the return to civilian life of army doctors, told a meeting sponsored by the American Medical Association that "it would be safe to plan on three more years of war."

"I would like to say that the year following the end of the war we will be able to release two-thirds of the physicians in service to civilian life, but this is very doubtful. If we are going to hold the peace we will have a world wide responsibility to our troops of occupation and to the civilian populations of the occupied countries."

Maj. Gen. George F. Lull, deputy surgeon general of the army, blamed the attitude of persons on the home front for many psychiatric breakdowns among soldiers.

Soldiers' mail, he said, contained too many sentiments such as "I can't get along without you," and "when can

you get home." Letters, he said, should encourage the soldier to "get the job done," so that he could return sooner.

6,300 More Doctors Needed By Government

With increased casualties inevitable as the tempo of the war steps up, the Army, Navy, Marine Corps and Public Health Service must have an additional 6,300 physicians and surgeons trained and ready for front line action by July 1, Lieut. Col. Durward G. Hall, chief of the procurement branch of the military personnel division of the surgeon general's office, recently declared.

Colonel Hall said a 1943 survey revealed there were more than enough doctors, not essential to civilian needs, to meet all military demands. A figure of one doctor to every 1,500 civilians has been found basic for proper medical care.

The medical profession alone, can decide how many of its members are available for military service, Colonel Hall pointed out.

A Job for All of Us

In an editorial addressed to "Our Colleagues in Service," the physicians and surgeons of the nation who are bringing life to men who have come to expect only death on battle fronts throughout the world, the *Bulletin of the Los Angeles County Medical Association* presents a powerful demand that the doctors who remain at home keep faith with those who are away.

"We want you to be free after this war," the editorial says, "to treat your patients as you know they should be treated and not as some bureaucrat tells you to treat them." Other portions of the editorial follow:

"We are proud of you, prouder than we can say in words. You have given up everything you value in life, except honor, with admirable cheerfulness and you did not wait to be drafted. You have had long weeks of drill and training. Individualists that you are, you have of necessity accepted regimentation. You have endured heat, mosquitoes, disease and bitter cold. You have fought vicious and deadly enemies and have gained the praise and admiration of the civilized world. Not that it seems remarkable to you. You are only doing the job and applying the knowledge and skill you gained in peace to the needs of war.

"But remember this. At home your fine work seldom got the attention it deserved. It was expected of you and that was all, like so many other good things which Americans take for granted. It is different now. The whole world knows how you have saved the lives of wounded men, as lives were never saved before the war, and how you have beaten the pestilential jungle and enabled men to live where men never lived before. It has seen you restore battle-shattered wrecks to hope and usefulness. You have carried the gospel of healing based on knowledge to all people. You have struck a death blow at witchcraft and quackery. Millions of soldiers have learned the value of good medical care. They will never again be content with less.

"We at home owe a duty to you who serve the nation. It is that we strive with all our strength to keep our land as fine as it was when you went away. Wartime gives agitators and dreamers of all sorts a golden chance to inflict their theories upon a suffering people under the cloak and mask of necessity. Those who want to regiment doctors are especially active. They proclaim that you men in service are growing so fond of being told what to do that you will be loath to regain your individuality when the war is over. They say that nothing will interest you as much as security, with a pay check every month, two weeks' vacation every summer and retirement at age 64. They point to the warm, well-fed hog living in a pen during his master's pleasure and say how much better is his lot than that of the cold, wet, and hungry razorback who roots in the forest for acorns. They forget that you are sprung from pioneers who, like the razorback, held independence and freedom dear above all else.

"We trust we may protect your birthright until you return, but we know it will not be easy. Powerful forces are abroad in the land seeking to apply production line methods to the art of medicine. Already vast salient have been taken by the forces of government medicine.

We know that the higher cost of modern care must be partly met by using the principle of insurance, but it makes a vast difference how that principle is applied. We want you to be free after this war to treat your patients as you know they should be treated and not as some bureaucrat tells you to treat them. Working together in freedom we have given America the lowest death rate of all time, anywhere. Let us, with God's help, keep it so."

The doctors in service will find, upon their return, that hundreds of thousands of their nonprofessional fellow citizens have joined with physicians throughout the land in combating a trend toward socialized medicine by those who would like to "apply production line methods to the art of medicine."—Glendale News-Press.

Nurses Needed for the Armed Forces

The need for nurses for the armed forces is so great that physicians who are now employing trained nurses in their offices are being asked to review their needs for such nurses; if possible, these nurses should be released for the actual care of the acutely sick in the community or for active service with the armed forces. All those under age 45 who are physically qualified for military service should be urged to join the military forces without delay; those above 45 or not physically qualified for military service should be urged to enter essential community service, such as group private nursing in hospitals, staff duty in hospitals, public health nursing or industrial plant nursing.

Physicians who now have trained nurses in their offices are asked to cooperate in this program as a means of maintaining hospital service and of meeting community needs in the face of the tremendous demands of the Army and Navy for nurses. If hospital service cannot be maintained, many physicians will find themselves handicapped in their practices.

It is recognized that in many physicians' offices there is an actual need of nursing service. In such instances the office nurse should be retained or should be replaced by another trained nurse who is not eligible for military service. On the other hand, where a trained nurse is employed in a physician's office in a nonnursing capacity, her status should be thoroughly reviewed with a thought toward releasing her for active nursing service in the military forces or in the essential community nursing services.

Procurement and Assignment Service for Nurses has the responsibility of reviewing individual cases and the cooperation of all physicians is asked by that service as an aid to the war effort. The problem now is one of utilizing to the utmost the skills of all trained nurses, particularly those who may now be doing services which an untrained person could assimilate.

Retirement of Dr. George Baehr of the Office of Civilian Defense

The United States Office of Civilian Defense recently announced that its Chief Medical Officer, Dr. George Baehr, had retired on March 1, after two and a half years of service. He was succeeded by Dr. W. Palmer Dearing, who has been Assistant Chief Medical Officer since the establishment of the Medical Division of the Office of Civilian Defense.

The program and policies of the Medical Division as developed in the past two and a half years will continue unchanged, Dr. Dearing said in releasing the following statement:

"The Emergency Medical Service, the Casualty Receiving and Emergency Base Hospitals, the plans for Emergency Medical Service to industrial plants, and the plans for mutual aid on a statewide or regional basis for distribution in an emergency of personnel, equipment and supplies, including blood plasma, must be maintained.

Paper Shortage: Paper Needed in War Effort (COPY)

WAR PRODUCTION BOARD

March 1, 1944.

Dear Dr. Kress:

Waste Paper is our *Number One Critically Needed* raw material!

Your publication can play a vital rôle in aiding the national waste paper salvage campaign within the hospital and medical fields. Such assistance as you can give will help directly to supply the paper needs of our Armed Forces, our war production plants, and our essential civilian needs. . . .

Whatever method is in use today in the average hospital, there are four immediate and additional steps that should be taken to accelerate at once the waste paper collection.

(1) Appoint and hold responsible some member of the hospital personnel to head and correlate the paper salvage program.

(2) Take immediate steps to scrap old records by using the micro-film process.

(3) Publicize the waste paper drive with bulletins or posters in every department, with short talks and appeals to staff personnel.

(4) Set up a system of waste paper collection with every possible source of waste paper checked at regular intervals. . . .

Thanking you for your coöperation, I am,

Very truly yours,

S. J. SUTTON.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

WAGNER-MURRAY-DINGELL BILL (S. 1161; H. R. 2861)

Reader: Have you written your Congressman? You will find his name and Washington address in the November issue of "California and Western Medicine," on pages 284 and 285. The time to act is now—As one of your Congressman's constituents, acquaint him with your point of view. Every physician owes this to the welfare of his fellow citizens, his profession, and himself.

For additional information concerning Wagner-Murray-Dingell bill (S. 1161), see department of Committee on Public Policy and Legislation in previous issues of "California and Western Medicine."

American Bar Association Opposes Wagner-Murray-Dingell Bill (S.1161)

At its recent annual session the House of Delegates of the American Bar Association opposed the Federal Medical Security Bill and contended it is a "direct attack on the rights and liberties of the citizens of this country."

The members unanimously approved a resolution which declared that under such a program "the physician will become merely an unambitious Federal employee or a politically ambitious doctor." It added:

"To safeguard a minimal percentage of the population which has difficulty in obtaining complete medical service, the bill would put all the people in a medical strait jacket under the supervision of the Federal government for an alleged service which the vast majority either do not require or are able to provide for themselves. A patient will become the guinea pig supplied by the government and the excuse for the payment of subsidies to a controlled profession for its routine services."

The resolution held that the legislation would give the surgeon general "the power arbitrarily to make rules and

regulations having the force and effect of law which directly affects every home."

It maintained that the measure offers no safeguards for patients, hospitals, citizens or doctors against the "capricious action of one man," and fails to provide for a court appeal of the surgeon general's actions.

Public Told of Dire Consequences to Health in Socialized Medicine

S. 1161 in Congress Sheer Politics, Declares Fulton Lewis, Jr.; A.M.A. Resistance Found Wanting in Effectiveness

By FULTON LEWIS, JR.

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Washington, March 11.—Politics, since the first cave-man learned that he could coax instead of beat his way to the top, has been a simple formula: Call the attention of the many to the things they do not have, and promise to furnish those things if you're elected.

Senators Wagner of New York and Murray of Montana are no exceptions. They are sponsoring, at the moment, a bill to socialize medicine in the United States. They propose a program under which the Government would take over the medical care of about 90 per cent of the American public.

The American Medical Association, headed by snow-crested Dr. Olin West and the ubiquitous Dr. Morris Fishbein, have stirred a dizzy dither about it, among the already overburdened and harassed doctors of the country.

Branded Enemies

They have circulated ominous articles, from their Medical Journal. National conferences have been called. Messrs. Wagner and Murray have been labeled the pre-eminent public enemies of medical science in the United States.

The truth is that neither Senator Wagner nor Senator Murray commands sufficient influence in the present Congress to be a competent enemy of medical science or anything else. The Wagner-Murray bill hasn't a step-child's chance of being passed. The present Congress has no stomach for such stuff, and both Wagner and Murray probably know that, as well as any one.

The tragedy is that far behind this frenzied boxing bout against shadows of the movement, are powerful realities which eventually are certain to explode.

Trend Foreseen

The vast majority of rank and file doctors of the country—and I've talked to hundreds of them—seem to sense these practical realities, and comprehend the import of them. The American Medical Association, with its cloistered leadership which talks mostly to itself, doesn't seem to have the slightest understanding of it all.

Those realities are that until the politician is robbed of his bait, which he dangles before the public eye, other Senator Wagners and other Senator Murrys will continue to use that bait, making a little more progress each time.

When the war is over, and tens of thousands of Army and Navy doctors face the problem of returning to private competitive practice which will be infinitely more crowded than ever before, many of them may be distinctly friendly to the security of steady salary of Government medicine.

But the A.M.A.'s only answer is to rant against the dangers of it, and the injustice and to try to make the realities nonexistent, by the mere denial that they exist.

Public Interest

That is suicide. If their own interests were all that is at stake, the suicide wouldn't matter. But it's not. If the tawdry searing paws of politics ever set their grip on American medicine, it's the people as a whole who will

suffer, far more than the doctors and far more than the American Medical Association. For that reason, the public has a tremendous stake in preventing it.

* * *

If you need proof that the hand of politics is devastating to medical science, there's plenty of it. Germany and Austria plummeted from the top to the bottom of world medical standing, as a direct result of Government control. England tried a modified system, and even those who originally proposed it have now turned about completely, after seeing it in operation.

It might be different here?

Well, why would it be different than other government operations here at home? Why would government dispensing of medicine be any more efficient or effective than government relations in rationing, or handling social security cases, or income tax filing. For decades, private offers have been made to take over the post office service of the Nation, to operate it at a profit, instead of at a loss to the Government.

Standards Crash

The simple fact is that political control of anything eliminates the standard of merit, and substitutes instead the standard of personal friendship and political influence. It stifles ambition, and smothers initiative—because promotion depends not on ability and accomplishment, but on political considerations.

But it's as if the little Dutch boy, who found the leak in the dyke, just stood there and exclaimed that there should not have been a leak; that the sea should not be so high and so fierce—instead of plugging it with his hand, until help came. Had he done so, Holland would have been destroyed.

The simple truth is that an overwhelming majority of the American people do not have adequate medical care. It's not confined to the poor, or the lower income groups. It runs the whole gamut of income scales up to \$10,000 a year or better. It takes in considerably more than 90 per cent of the American people.

Blind to Facts

The A.M.A., in denying that, proves nothing to no one, except that the A.M.A. is blind to facts.

The accompanying truth is that in peacetime, an overwhelming majority of the doctors of the Nation are barely able to eke out an existence, particularly the younger ones, because they have not enough patients to keep them busy. They maintain an office and a front, spend part of their time on full charity patients and the rest of the time at pin ball machines in the doctors' lounge of the medical building.

The cure is not lobbies in Washington, which some of the A.M.A. leaders want to establish. It is not a publicity campaign, to fight socialized medicine; no publicity campaign can help, unless the facts of a situation are right, and if they are right, a publicity campaign isn't necessary; it is not the adoption of union like, strong arm methods, which others of them want, agreeing among themselves to refuse to cooperate with Government controlled medicine.

Lack Understanding

The proposal of these methods shows how totally lacking the A.M.A. leadership is, in a real understanding of what the medical profession is facing.

The only cure is for the medical profession itself, in its own good way to do the job, and cure the basic problem. In that way, the politicians' bait is gone; the palling danger of Government controlled medicine is eliminated; the whole problem is permanently solved, because the politician has nothing to offer.

* * *

Doctor West is a slow ageing gentleman who practiced medicine twenty years ago in Tennessee and who

reaches back on constant occasions to explain how the natives of the rural areas in that State didn't like to go to a doctor. Still he has answers to all of this.

He says that State medical organizations have attempted to set up prepaid medical insurance plans, but the people have failed to support them. That once again, is self opinion, I've investigated several of the cases he mentioned. Local organizations did go through the motions of setting up the plans, and did offer them; but no practical, aggressive campaign was really made to sell the service and most of the public never knew the plans were offered.

Plain Evasions

Senators Murray and Wagner are aggressively trying to sell theirs; the A.M.A. is trying to sell nothing. Its position is one of defensive retreat, fighting every inch of the way with bromides and powderpuffs and evasions and stallings. Its plain policy is to accept only what's forced upon it, and to do that only after as much delay as possible.

The fate of American medicine, and the interest of the American people, hang on the question of who reaches the goal first, and gets control of this vast field of medical practice—the medical profession, or the politicians.

Judge for yourself, how the race is going now.—Los Angeles Examiner.

Socialized Insurance

As this session of Congress gets well under way, the insurance industry finds itself beset on many fronts. Most recent issue to be propounded by opponents of the industry is the action of Paul V. McNutt, Federal Security Administrator, in recommending that the present social security benefits be buttressed with added Government health insurance.

This recommendation, which was made by the Social Security Board in McNutt's annual report to Congress, would mean an increase in the cost of the social security setup of some 12 per cent of all payrolls for the next 10 years, with the probability that this cost would eventually reach as high as 18 per cent.

Much has been said and written in the past about the prohibitive cost of such a plan of socialized health insurance and the burden it would place on the backs of the American people. Perhaps too little has been said about the effect such a setup would have upon the rights of the people, as set forth in the Constitution. Stating this side of the case, in forcible language that leaves little to be desired, is Monsignor Maurice Griffin, of Cleveland, senior trustee of the American Hospital Association and vice-president of the Ohio Hospital Association.

Speaking of the Murray-Wagner-Dingell bill for socialized health insurance, the estimated cost of which corresponds to the McNutt plan, Monsignor Griffin, in an article in the Wellington (Ohio) *Enterprise*, said:

"The Murray-Wagner bill . . . assails the inalienable rights of life, liberty and the pursuit of happiness as promised the people of this nation by their Constitution.

"If this proposed document is passed, there will be a new character on the national scene—Uncle Sam, M.D.—who will not only oblige doctors to sign on the dotted line to practice medicine according to the rules and regulations which he lays down and to accept the fee which he determines, but will tell you as people what doctor you may see, how many times you may see him and he in turn will tell you, if such attention is necessary, what specialists you may see and how many times. Your life and the life of every member of your family would be in the hands of a medical czar and under the supervision of a medical board, run not by doctors but by politicians.

"Socialized medicine such as this bill clearly calls for, is not native to our land at all—it is a foreign product

and was first brought to perfection by the German statesman, Bismarck. This bill does not spring from our traditions nor from our public spirit. . . .

"Doctors have doubled the life span of the American people and have done more for their patients in service and equipment and in voluntary spirit than elsewhere in the world. Maintained as they are today, mostly by religious organizations, the hospitals represent the finest of the public spirit of America—they are from the people and they are for the people. Surely the people themselves have done so well on a purely voluntary basis that there is no need for government supervision. . . ."—San Francisco *Underwriter's Report*.

Proposals for Federal Management and Regimentation in Field of Public Health Assailed by Governor Bricker

The *Ohio State Medical Journal* prints the following:

Governmental management and regimentation which would become necessary under a program such as the one proposed in the Wagner-Murray-Dingell Bill would "inevitably lead to national chaos and disorder" and be "a distinct threat to the future health of our people," Governor John W. Bricker of Ohio warned in an address before the Creve Coeur Club of Peoria, Illinois, at that organization's annual Washington's Banquet.

Although Governor Bricker, who is a candidate for the Republican nomination for president, did not refer directly to the Wagner Bill, he left little room for doubt that he had that proposal in mind when he lashed at current movements to give the Federal Government complete domination over the field of public health.

Says Free Government Threatened

Charging the Federal Government with "extreme busyboding and meddlesomeness in many affairs that ought to be left to the people themselves," Governor Bricker stated that in his opinion "our institutions of free government are threatened as never before" because of existing bureaucratic, paternalistic and dictatorial policies and trends.

"It should be the function of government to serve the people, to help them help themselves," he said. "It is not the function of government to direct every act of the citizen in his daily life. To make matters worse, this administration has not gone as far as it wishes to go in the regimentation of our daily lives.

"Consider for example, the field of public health. Whatever governmental attention is proper or desirable in this field can be given much better by the states themselves or by private agencies who are closer to the people and have a better grasp of the problem.

See Threat to People's Health

"The American doctors have made eminent progress in caring for the health of our people. Medical organizations and private hospital groups are making substantial progress toward the goal of providing adequate medical and hospital care for all.

"In view of this record, I regard the proposals emanating from this administration for governmental intervention between the doctor and his patient, as an undeserved affront to a loyal and admirable profession and a distinct threat to the future health of our people.

"It is these meddlesome activities in so many spheres that properly belong to the states or to the people themselves that have lead to the multiplicity of government agencies which are unsupervised and uncontrolled and which it is impossible to supervise or control. These virtually autonomous agencies were set loose upon the people with unlimited funds and the people in pursuing their peacetime affairs were sorely beset in trying to accommodate themselves to the disorder. It was one of

the significant reasons why we failed to achieve a sound, economic recovery before the war.

"Please do not misunderstand me. Government must be responsive to the needs of social progress in every field. It must continue to be. Human welfare means more than good intentions and material help. It must promote education, health, and public welfare. But it must leave to individual human beings a full measure of control over their own destiny. Governmental management and regimentation inevitably lead to national chaos and disorder."

Schemers Want Socialized Medicine

Many who call themselves liberals have one outstanding trait. They are always kicking. The latest victim of this particular brand of liberalism has been the medical profession.

Doctors have struggled in laboratories and at bedsides for centuries to learn the secrets of keeping the human body alive and healthy. Dread diseases have been nearly eliminated. The span of life has been doubled in a few decades. Pain and suffering have been reduced miraculously. Since the war, the performance of the doctors has been supreme. They have carried their hard earned knowledge into the front lines with the result that hundreds of thousands of men will return to their families after this war, who would otherwise be rotting in foreign graves. The doctors at home are working night and day, literally without rest, to care for the sick and injured among the civilian population.

A lot of schemers, whose blood pressure would have felled them long ago if a few competent physicians had not been at hand, are now telling the country that the medical men have got to do much better at once or Uncle Sam will step in and take care of our medical needs. But Uncle Sam never saw the inside of a medical school. After the shouting dies down it will still be up to the doctors to keep us healthy. Socialized medicine would do no more than make the government a bill collector for the doctors, payable in advance, with a large part of the money retained for bureaucratic activities.

Medical advancement will be achieved by the doctors in the future, as in the past.—*Monrovia Journal*.

If Doctors Don't Make Medical Care Available to All, Dr. Wilbur Warns, Bureaucrats Will

"Facility in making medical care available to all will come through organized procedures on the insurance principle under the guidance of the profession," Dr. Ray Lyman Wilbur declared recently in an address in Chicago, "or it will come as a procedure of government, cursed with the inevitable, inelastic, tradition-ridden, cautious bureaucrat. The way we use the hospitals and medical schools of today will largely determine the medical future of our people."

Dr. Wilbur was speaking as chairman of the council on medical education and hospitals at the annual congress on medical education and licensure.

He pointed out that "on all sides we are seeing the benefits of scientific medicine, of medical research and of good medical education" and that "everywhere we turn in our civilization under the present strain of war we find science and the trained man and woman giving indispensable service."

Medical education, now streamlined under great pressure, will never go back to many of the old ways, he predicted.

"Medicine based on pills and potions is becoming obsolete," Dr. Wilbur said, "and the new physiology, with the help of physics and chemistry, has taught us many ways to deal with the living body that were only dreamed of a

decade ago. . . . The medical student of today needs to have his instructors fan over the grist of the past and select carefully those subjects upon which he can best spend the limited period of his training."

Dr. Wilbur turned from the changes which medicine is undergoing to the social changes in which medicine is involved and urged the importance of having the physician participate in and guide these changes.

"If he does not, others will," he warned, "for the public knows better all of the time just what medicine offers to human beings in the way of guidance, comfort and protection."

MATERNITY-PEDIATRIC PLAN OF FEDERAL CHILDREN'S BUREAU* ITEM XLVI

Emergency Maternity and Infant Care (E.M.I.C.) Program in California†

The E.M.I.C. Program is now operating in every county in California. From July 1, 1943, through January 31, 1944, a total of 11,528 cases were accepted for care in this State. California ranks third in the Nation in the total number of cases accepted for care.

Total Cases as of January 31:

United States.....	194,686
New York	18,196
Illinois	11,712
California	11,528

Tabulation by Months:

The tabulation of California cases authorized each month shows that our monthly case load may now be leveling off:

Month	Cases Authorized During the Month	Total Cases to Date
1943		
July and August	1,027	1,027
September	1,487	2,514
October	1,781	4,295
November	2,776	7,071
December	2,247	9,318
1944		
January	2,210	11,528

Cases Completed and Amount Paid for Completed Cases:

Through January 31, 1944, 3,192 cases have been completed. These figures include patients who have received some prenatal services but moved from the State before delivery. The total amount paid for these completed cases was \$206,828.33.

To obtain average cost per case from these figures would be misleading since they include cases cared for by Army and Navy physicians without charge, as well as patients who moved to another State before completing medical care.

Number of Physicians Participating:

To date 898 physicians have submitted bills for services under the program. This does not represent all the doctors giving service under the program as it does not include Army and Navy physicians, private physicians giving services without fees, or those who have not yet submitted bills, or attending and resident staffs of hospitals

which are accepting cases through their out-patient departments.

Distribution by Counties:

County	Cases	County	Cases
Los Angeles	2,631	Ventura	76
Sacramento	655	San Mateo	68
Fresno	648	Madera	65
San Francisco	428	Placer	55
Santa Clara	417	Yolo	52
Santa Barbara	336	Imperial	30
San Diego	325	Mendocino	23
Alameda	312	Napa	23
San Bernardino	290	Siskiyou	17
Orange	259	Tehama	13
Kern	241	Colusa	11
Sutter-Yuba	235	Lassen	10
Monterey	204	Del Norte	9
Tulare	199	El Dorado	9
San Luis Obispo	191	San Benito	7
Santa Cruz	166	Glenn	6
Stanislaus	163	Marin	5
Sonoma	159	Modoc	5
San Joaquin	156	Inyo	4
Riverside	138	Lake	3
Merced	138	Nevada	3
Kings	129	Plumas	3
Solano	115	Shasta	2
Butte	109	Sierra	2
Contra Costa	91	Mono	1
Humboldt	85		
		TOTAL	9,328

Participating Hospitals:

There are 266 hospitals coöperating in the program in California. This figure includes:

Private hospitals	257
County hospitals	23
Army and Navy hospitals	6

Administrative Cost:

The California program is administered on a decentralized basis with 38 local health officers administering the local program in their jurisdictions. The State office handles authorizations for the areas where there are no organized health departments and is responsible for general administration of the program and for accounting and statistical functions.

To cover administrative functions properly will require an estimated budget of \$77,700, or about 3 per cent of the anticipated amount which will be expended for E.M.I.C. cases in this State for the next fiscal year. In addition, services rendered by the Bureau of Maternal and Child Health staff in the San Francisco office and in various districts, as well as the services given by the local health officers and their staffs will account for about \$40,000 of additional time for administering the program.

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

On Bureau of Medical Information in Washington, D. C. and Other National, State and Local Problems in Medical Organization

The official journal of the Medical Society of the State of New York, *New York State Journal of Medicine*,—in its March issue presented an editorial, "What Others Think," that should be of equal interest to members of the California Medical Association who are interested in efficient organization procedures.

Editorial follows:

* Maternity-Pediatric Items listed in Roman numerals. CALIFORNIA AND WESTERN MEDICINE for July (Items I to XVII); September, pages 178-182 (Items XIX to XXIII); October, pages 226-231 (Items XXIV to XXX); November, pages 282-284 (Items XXXI to XXXVII); December, page 342 (Items XXXVIII and XXXIX and page 304); January, pages 31-32 (Items XL and XLI); February, pages 76-77 (Items XLII and XLIII); March, page 110 (Items XLIV and XLV).

† Prepared by the Bureau of Maternal and Child Health, State Department of Public Health, 739 Phelan Building, San Francisco, 2.

WHAT OTHERS THINK

Professor Ross A. McFarland¹ says, in part, as quoted by *Industrial Medicine* for February, 1944:

Physicians, as a group, have a wide background of knowledge in various fields, and they have spent many years of their lives in advanced study. Thus they have learned to think, and they do think, or they could not keep up in their profession. Unfortunately, however, their professional duties too often leave no time for their thinking to extend to any other fields, let alone the many others in which they have knowledge. But this is a period when, probably more than ever before, it behooves all men who can think, and especially professional men, to do some earnest mentalizing with regard to certain matters of general and community and national interest. Two of these matters are history and economics—the first in respect of the kind of history this country is making, and the second as to the kind of economics our American way of life is being regimented into. . . .

It strikes us that on the whole, physicians are too apt to think in terms of the past and to be, if anything, too little sensitive to the influences of current history; that is, to the influences of history in the making on their environment, on their future conduct, on the kinds of medical practice which will fulfill functionally the needs of today and tomorrow. Naturally this implies a study also of the changing economic picture and its influences. Some of this we touched on briefly in our January 1, 1944, issue.²

The profession has been for some time in a state of ferment. This is a healthy sign that complacency and dry rot within the profession are being sought out. In this process the physicians' own organization is being scrutinized carefully and thoughtfully. Says the *Westchester Medical Bulletin*:³

Organized Medicine.

In the Hall of Misnomers this term deserves charter membership. Medicine has an organization; but it is not organized. Usually the term is used with reference to the American Medical Association; as well speak of the American Astronomical Society as "organized astronomy"—and when, if ever, has the American Bar Association been called "organized law"?

The American Medical Association is an organization: by definition "an association or society." It was founded "to promote the science and art of medicine and the betterment of public health." The present organization maintains various bureaus called "councils" and publishes a number of scientific journals. Through these media the American Medical Association has contributed in no small measure to the high ethical and scientific standards of medical practice obtaining in this country today. It has been largely responsible for the continued elevation of standards of medical education and hospital service. It has consistently protected the public interest by its investigations of the claims made for different forms of therapy and therapeutic agents. Through its publications it has had a powerful influence in the forward progress of scientific medicine and in the continuing education of the individual physician, whether in general or special fields. It is an organization of which any physician may be proud—of which any country might be proud.

But the American Medical Association is not organized: to organize is "to become systematized or constructed into a whole of interdependent parts." No physician is a member of the A.M.A. except by courtesy of his membership in his county and state society. No physician, no county society, no state society contributes to the financial support of the A.M.A. The physician may subscribe to the *Journal* of the American Medical Association, but he does not become a member of the A.M.A. by subscribing to the *Journal*, and he does not lose his membership in his county society by not subscribing to the *Journal*. The revenue of the Association is derived not from dues, but from the publication of its numerous medical journals. In the present-day usage of the term, how can anything be "organized" if its members pay no dues?

But why shouldn't there be an "organized medicine"? Not the American Medical Association; its field of scientific endeavor is too vital to permit any dispersal of its efforts. At times it has been compelled to assume the rôle of spokesman for the medical profession in the absence of any other; but why shouldn't the medical profession be its own "spokesman"? Is it not time for the medical profession to admit that there is an economic—yes, and a political—aspect of medicine; that the practice of

medicine is, in fact, a business as well as a profession—with economic as well as scientific problems? . . .

From the Middle West comes to hand Volume 1, Number 1, of a new publication, the *News* of the Association of American Physicians and Surgeons, which has been

Established upon a sound legal foundation to give its members a positive guarantee of protection from political regimentation, and organized to take effective action in medical economics, legislation, and public relations; the Association of American Physicians and Surgeons has been incorporated, not for profit, by the members of the Lake County Medical Society, with temporary headquarters at Gary, Indiana.

The eight objectives of the Association are stated on page 1 of the issue and are here quoted for the information of our readers:

1. To organize all ethical physicians and surgeons of the United States and its possessions in an Association so established that its members may determine and enforce the conditions under which they will or will not give their services.
2. To prevent participation by a minority of its members in any plan or scheme for the distribution of medical care that is deemed by the majority to be inimical to the interests of the Association and not conducive to the improvement of the public health and welfare.
3. To establish by means of a national assembly of its members, in which all members have both voice and vote, a truly democratic organization of physicians and surgeons that is governed by its members and therefore actually representative of them.
4. Through effective action in the public interest, and under the direction of a qualified public relations counsel, to earn the good public relations and resulting public approval and support the profession so richly deserves.
5. To move from the defensive to the offensive in the work toward the actual solution of problems in medical economics and to keep the economics of medicine under the management and control of the practitioners of medicine.
6. By means of adequate organization and competent executive action, to translate into successful accomplishment the decisions of the profession which have heretofore remained only words on the record.
7. To establish a Washington office of the Association for the execution of prompt and effective legislation action by the profession.
8. To provide a medium of expression for and actual assistance to members of the profession in the armed forces, during both the time of their military service and the period of their readjustment to civilian practice.

To the membership of the Medical Society of the State of New York, objective 4 above will appear encouraging, in that for many years the Society has successfully maintained its own Public Relations Bureau under the guidance of able public relations counsel, with notably satisfactory results. Continues the *News*:

The by-laws establish a Committee on Public Relations, whose duties it shall be to work toward the establishment of general public understanding of and coöperation with the profession.

At such time as this committee finds it advisable, and with the consent of the board of directors, it shall employ a full-time public relations expert, whose duty it shall be to attend all meetings of this organization and its committees, including the board of directors. . . .

This seems to be a healthy step in the right direction, always provided that the "public relations expert" is in fact competent in his field, and if so, given a free hand. This experiment of the Lake County Medical Society will be watched with interest.

*California and Western Medicine*⁴ says of the public relations of medicine in part:

During the last decade or so, it has become increasingly apparent that the medical profession has been losing influence in relation to legislation that has a direct bearing on public health activities, or on the standards and system of medical practice. Not that individual physicians are held in less regard than in days of the past, but rather, in their conjoint set-up, as represented by organized medicine—namely, national, constituent state, and component county medical societies—the profession is

looked upon with more or less suspicion by many members of the United States Congress and by State and local legislative bodies. And, it may be added, likewise by thousands of citizens.

This unfortunate state of affairs is recognized by a host of physicians, many of whom are asking themselves, "What has brought about this changed reaction of national and other legislators to organized medicine?"

Advocating the formation of Public Health Leagues by all state medical associations, the California journal states:

It is the belief of many physicians who have intimate affiliations with the work and needs of organized and scientific medicine that until organizations or groups such as the Public Health League of California are brought into existence in the various States of the Union—the state groups, in turn, to form a national federation of their own, with similar purposes—progress in bringing about a change in the public's and legislators' reactions will be of only moderate amount. In other words, if more active steps are not taken, the American Medical Association, its constituent state associations, and the latter's component county medical societies will continue to lose prestige and power in the promotion of public health work and scientific medicine. Time, in all this, is of the essence.

The importance of the time element is emphasized in a recent article which appeared in the *Westchester Medical Bulletin* for November, published by the Medical Society of the County of Westchester, New York, and having the following title and subhead:

"THE TIME IS NOW!"

What Must Be Done If the Medical Profession Is to Fulfill Its Fundamental Obligation to the American People—
A Plain Call to Action!"

Evidently the "Time is Now!" in the opinion of other physicians in various parts of the nation. The Hennepin County Medical Society (Minnesota) publishes in its *Bulletin* for January, 1944,⁵ an article, "Growing Pains in Medicine," from which we quote:

That there is increasing discontent and dissatisfaction among physicians with conduct of the affairs of their national organization should be obvious to anyone who makes a real effort to learn the facts. This dissatisfaction is not with the scientific aspects of medicine: it is focused sharply on the public relations policy—or lack of one—of the medical guild and on the plans—or lack of them—for the distribution of medical care.

That the profession is demanding and will continue to demand something other than dogged myopic defense of the status quo from its House of Delegates, officers, and employees is, or should be, apparent even to those individuals.

And merely to criticize without offering something constructive in the way of a solution for the problems seen is patently unfair and unimaginative, both on the part of the present-day critics and what has been termed the "apparently self-perpetuating officials of the A.M.A. . . ."

One's complacency should be jolted by the caustic, even belligerent criticisms of national medical leadership. One finds that leadership characterized as "top drawer impresarios and professional office holders," for an "inner sanctum . . . (which has) vegetated for many years in complacent cataleptic doldrums. . . ." Very frequently, the lack of leadership is decried. Numerous county and state organizations or groups have adopted strong resolutions calling for prompt translation into action of the expressed or widespread desires of the physicians in active practice. Regrettably, there have been hints of secession. . . .

The effect, if any, of all this on the "inner sanctum" is, as yet, not discernible. It is idle to attempt to dismiss this healthy interest in the conduct of medical affairs as the explosive opinions of malcontents and radicals. . . .

It is idle to charge—as one A.M.A. official has done, off the record, of course—that the prevailing unrest and dissatisfaction is traceable to the Executive Secretary group. As a group, their loyalty and sincerity will be attested by members of the organizations which they serve. As a group, they probably give more thought and study to the problems of medicine than most physicians. As a group, one of their tasks is to watch trends and developments and bring these to the attention of their employers for decisions on policy. Merely to blame the present unrest on this group is a palpably weak defense mechanism. . . .

To ignore this unrest would seem a dangerous tactical error, whatever opinion the "inner sanctum" may hold.

This is not a passing squall which, if disregarded, will blow itself out. As has been noted, already there have been broad hints of independent action to accomplish what should have been done by medicine's own organization. . . .

To assert that those voicing this dissatisfaction are uninformed as to the real situation and entertain no constructive proposals, is plain misrepresentation. . . .

Many really constructive ideas based on informed opinion are emanating from the profession in Rhode Island, California, New York, Ohio, Michigan, Connecticut, and many other states of the Union. They can be found in the journals of the state societies and in the bulletins of some of the county societies, in resolutions such as those adopted at various times by the Westchester County Medical Society, the House of Delegates of the Indiana State Medical Association,⁶ the resolution of the Western State Medical Association (December 11, 1943, Salt Lake City, Utah, *q.v.*) and in a recent article in the *Westchester Medical Bulletin*,⁷ "The Time Is Now—For a Washington Office!" Space does not permit more than a brief mention of a few of the constructive ideas and suggestions. In general, the *Bulletin* of the Hennepin County Society⁴ classifies them as follows:

First, state and county medical journals all over the country reflect growing discontent within the profession with the public relations policy of the A.M.A. . . . and considering the comments of many members of Congress and other unbiased observers, it was more than startling to hear the President-elect of the A.M.A. declare (at the Conference of Secretaries and Editors at Chicago in November), "I believe the public relations of the (American Medical) Association are being handled perfectly . . . I certainly think it would be a mistake to have it run in any other way. . . ."

Second, "It is interesting to observe that an increasing number of medical journals advocate the establishment of a Washington bureau by the A.M.A., even at the risk of losing the latter's tax-exempt status. . . ."

Third, it has been suggested that in order to make the A.M.A. House of Delegates more responsive to the opinions of the profession, it would be desirable to limit the number of terms which any delegate may serve. . . .

Fourth, there is a growing conviction that the activities of the editor of the *Journal of the American Medical Association* should be sharply curtailed and very definitely restricted to editing that excellent publication. . . .

Fifth, the so-called insurgents feel that while an interest in geriatrics and history is of undoubted value, the future also is of no little consequence and medicine therefore should hasten to get into step with today's social thinking, abandon its obstructionist attitude, and make positive proposals. . . .

Sixth, it is felt that the Council on Medical Service and Public Relations, which, so this group hopes, will at last provide American medicine representation in Washington which will be *persona grata*, should renew the proposal of the A.M.A. for creation of a Department of Health, headed by a practicing physician as Secretary, who would be a Cabinet member. . . .

Seventh, the A.M.A.'s loyal opposition stresses the urgent necessity for greater unity within the ranks of the profession itself. Many medical journals complain that state and local plans for prepaid medical care are not receiving proper support from the membership whose plans these are. Moves to establish a Washington office independent of the A.M.A. suggest a degree of disunity which is alarming. Is there anything in this, the opposition asks, that could not be corrected by a more vigorous leadership, a leadership which will actually lead, officers who will command confidence and who will contribute realistic, constructive ideas which reflect the thinking of the profession?

We present these excerpts and suggestions from numerous sources and the subjoined bibliography in an attempt, admittedly incomplete, to inform our membership of the principal symptoms of professional "volcanism" manifesting themselves throughout the Union. We believe the physicians of the Medical Society of the State of New York are fully capable of doing their own thinking, of making their own decisions, and of making those decisions effective through their delegates and association officers. There is danger in haste, and even more in delay. Time and tide wait for no man, and the sands are

running out. To be fully informed offers the greatest safeguard against rash decisions and the best guarantee of wise ones.

¹A Medical Program for Aviation, Harvard Review (Business), Autumn Number, 1943.
²New York State J. M., Vol. 44: No. 1, Jan. 1, 1944, p. 31 *et seq.*

³Vol. XII, No. 2, Feb., 1944, p. 5.

⁴Vol. 59, No. 6, Dec., 1943, p. 302 *et seq.*

⁵Vol. 15, No. 1, Jan., 1944, p. 1 *et seq.*

⁶J. Indiana M. A., Dec., 1943, p. 668.

⁷Westchester Med. Bull., Vol. XII, No. 2, Feb., 1944, p. 7.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Penicillin May Change Ways of Handling Social Diseases

The Palo Alto *Times* recently reported Dr. Ray Lyman Wilbur had returned from a meeting of the Association of Social Hygiene over which he presided, and expressed himself favorably concerning some of the new weapons against disease.

Anti-louse powder to control typhus, gas bombs to kill malaria-carrying mosquitoes, and penicillin treatment to check venereal diseases are among the weapons proving their effectiveness in the war against disease, he said.

"Reports of the men in the field show that penicillin may change our whole way of handling gonorrhea and syphilis," Dr. Wilbur explained, commenting on the exceptional interest of the New York meeting. He is president of the social hygiene association and Dr. William F. Snow, a former Stanford man, is general director.

The report of the chairman of an anti-typhus commission sent to North Africa showed, Dr. Wilbur said, that the effectiveness of louse powder squirted into clothing outlasted two or three trips to the laundry.

"The Lice Just Quit"

"When the powder is squirted down the collars, up the sleeves and up the trousers," he added, "the lice just quit." He predicted a revolution in "our relationship to typhus fever" as a result.

Increasing confidence is being shown, he said, in the use of gas bombs to protect individuals, groups and whole areas against malaria-carrying mosquitoes. Harmless to man, the gas can be turned loose in a tent to protect the occupants or in a place to prevent the pests being carried to noninfected areas.

Dr. Wilbur attended a series of meetings in Washington, New York and Chicago, many of them on matters of military importance.

Physical Restoration of the Handicapped

Physical restoration for the handicapped, so that they may as nearly as possible approximate normal capacity, was called the basic need in vocational rehabilitation by Federal Security Administrator Paul V. McNutt at the first meeting of the Professional Advisory Committee of the Office of Vocational Rehabilitation, recently held in Washington.

The committee, made up of 20 specialists in medical and allied fields, was appointed by Administrator McNutt to provide professional guidance in mapping the new State-Federal program for medical and surgical care under the Barden-LaFollette Act.

In opening the meeting, Mr. McNutt stressed the Federal Security Agency's desire to aid the States in providing physical restoration services which will conform to the high professional standards recognized by the national and State medical associations and by the hospital associations.

"To be able to count on themselves as workers," Mr. McNutt continued, "many of the disabled need more than vocational training, important as that is. They need medical care to restore as much physical capacity as possible. Doctors have long pointed out that tackling the complex problem of rehabilitation at any other point is putting the cart before the horse. Some of the States, too, have pioneered in providing for physical restoration, along with vocational training, for the handicapped. This service has now been recognized as an integral part of our national vocational rehabilitation program.

"We want to give the disabled—the men and women crippled in industry, or by accident or illness—a chance to fulfill their rights and duties as citizens and as self-supporting wage-earners. We want to do this because it is in line with the American way of looking out for ourselves. We want to do it now because war industry needs every hand that can help."

An estimated million and one-half persons may be eligible for rehabilitation under the program authorized by enactment of the Barden-LaFollette Bill last summer, according to Michael J. Shortley, Director, Office of Vocational Rehabilitation.

Reporting the total active case load as 91,000 for the current year, Mr. Shortley said: "The States indicate they will extend rehabilitation services to 110,000 disabled persons during the fiscal year 1945." The program is in operation in all 48 States, the District of Columbia, Hawaii and Puerto Rico. "Physical restoration rounds out vocational rehabilitation services. It gives us the chance," he said, "to do more things for more people."

"Kaiser Wakes the Doctors" Will Be Made Into Motion Picture

Louella O. Parsons, Motion Picture Editor of International News Service, recently reported as follows:

"Edward Golden, the progressive young man who made \$1,000,000 for himself with Hitler's Children, has another idea. He has nabbed the film rights to Paul De Kruif's 'Kaiser Wakes the Doctors.' The Myron Selznick office arranged the deal and Golden will release through either RKO or United Artists—with De Kruif doing the screen play.

"De Kruif, who wrote *Microbe Hunters*, *Fight For Life* and *Hunger Fighters*, tells a story in which Henry Kaiser figures."

Medical Care In Mass Production

Many critics, when approaching the question of medical care, immediately assume that the doctors are their "opponents." The truth is that doctors are as anxious as anyone else to alleviate human suffering. They have worked for years to develop sound health plans whereby more people could secure high quality medical service at minimum expense. Thousands of doctors contribute a large proportion of their time absolutely gratis to persons who either cannot or will not pay even moderate charges. Therefore, it is a rank disservice to hold them up as indifferent to medical progress.

By its title, Paul de Kruif's book, "Kaiser Wakes the Doctors," raises a false impression which is maintained from the first page to the last. It paints the prepaid medical plan, developed in the Kaiser shipyards, as a revolutionary discovery that can be easily applied to other industries and finally to every urban community in the nation. The plan is not new and, unfortunately, has handicaps—not the least of which is its compulsory aspect. The *Journal of the California Medical Association* describes it as follows: "... Fifty cents per week is deducted from wages of each employee (there being practically no acquisition costs in securing members to the

plan, certainly a great administrative saving!); the wage deductions being taken from a group of about 100,000 workers (the families, however, are not included!); the plan being in operation in enterprises where all the workers reside within a small and limited geographical area. In essence, the discovery . . . is nothing more than an application of the age-old principle of prepayments on an insurance basis, designed to give protective coverage to a limited group of poor risks through acquisition of a large number of paying good risks."

The doctors have always welcomed practical plans to broaden medical service.

COMMITTEE ON MEDICAL DEFENSE

Louis J. Regan, M. D., chairman of the Committee on Medical Defense of the Los Angeles County Medical Association recently submitted to the Council of that County unit a report on medical defense. Excerpts from a letter of transmittal to the Editor and from the Committee's report, follow:

"I am sending you a copy of a report of our Committee on Medical Defense which was recently submitted to the Council of the Los Angeles County Medical Association.

"The Council on March 6, 1944, accepted and adopted the report and recommendations of the Committee. The Board of Trustees of our County Association on March 9, 1944, endorsed, by an unanimous vote, the action taken in the matter by the Council.

"The reasons underlying the submission of the report are apparent upon a perusal of the report itself. It is believed that the program which is thereby initiated is constructive and should gain the support of the membership generally." . . .

(COPY)

REPORT

The attention of the Council is again invited to the local malpractice situation, and in particular, at this time, to the problem of Physicians' Liability Insurance.

It is a matter of general knowledge that this type of insurance has, over the period of the past thirty years, been offered to physicians in California by a number of insurance companies. It is also known that many companies have withdrawn from this field, having found the business unsatisfactory or unprofitable, despite the fact that premium rates have been increased from time to time.

Your Committee has repeatedly expressed an opinion which it is believed, explains in part why Physicians' Liability Insurance has been so generally unsatisfactory. That opinion is repeated here:

1. Malpractice insurance is, or should be, individualized; something more than material loss is involved; the physician's reputation is involved.

2. There has been, in some instances, too little care in the selection of risks. Personality factors, the integrity of the individual, his knowledge, skill and professional experience, his malpractice claims experience, as well as the hazards of the particular field of practice, should be considered in weighing the individual as an insurable risk.

3. This form of insurance should not be written through a multitude of brokers. "Broker pressure" put on the insurance carrier or underwriter may result in the acceptance of undesirable risks. Moreover, the injection of a broker between the insured and the carrier's im-

mediate representative makes the relationship of the latter two more remote, and this is unsatisfactory.

4. Direct relation and contact should be maintained between the carrier or the carrier's immediate representative and the assured, and continual educational malpractice prophylaxis should be carried on. The carrier should maintain a qualified agent to whom the assured may apply at any time for information and advice.

5. Immediate and capable handling of malpractice threats and claims is essential. These claims do not generally improve with age. They should be handled by an agency specializing in such investigations. The practice which is common, that of utilizing general insurance investigators and adjusters for this purpose, is not considered the best method. In handling these claims, the interest of the assured and of the profession as a whole should receive greater emphasis.

6. The importance of good defense of malpractice actions is obvious. However, in this respect your Committee believes that the local physicians are in a very favorable position, since there are available several attorneys of experience and outstanding ability.

7. One element of expense in connection with the trials of malpractice actions is, in the opinion of your Committee, excessive and should be significantly reduced or entirely eliminated. This reference is to the cost of medical expert testimony. These costs have grown to a point where they constitute a considerable fraction of all the costs burdening our insurance premiums.

8. All physicians are interested in having malpractice insurance continue to be available to them. Companies cannot be expected to continue to write this coverage unless it is possible to do so with reasonable profit. It is clear, therefore, that our own interests demand that we protect our carrier in every legitimate way. It is also clear, your Committee believes, that it is our right to insist—(1) that our interest in the problem be acknowledged by the carrier; (2) that we must be advised of the exact cost of the coverage, of how and where all moneys are expended; (3) that we must have information which will permit estimation of fair premium rates for the whole group and for special fields of practice within the group if experience proves that some types of practice are more hazardous than others; (4) that such handling of claims be had as experience proves to contribute to the most constructive results; (5) that we cannot approve the attitude of any carrier that proceeds on the basis of covering a small fraction of our membership, selecting the best risks and leaving the rest, the major group, to find coverage elsewhere if it can. Such a policy is not to the best interest of even the minority thus insured, since relatively small loss may assume catastrophic proportions in such circumstances; and (6) that whenever multiple defendants are involved with several respective carriers, the claims handling and the defense must be harmonious and unified, that we may be spared duplication of costs and disharmony of defense.

These matters are being brought to your attention again, because the problem has become acute. This is evidenced by the fact that we are again faced with increased cost for this coverage. It is the opinion of your Committee that this less favorable situation would not exist today had our membership generally availed themselves of the better malpractice program which was offered to them two years ago.

Your Committee is informed that the insurance market in respect to a coverage so small and relatively unimportant as is our professional liability coverage, is tighter. It is explained that this condition is to be expected when it is understood that large insurance premiums have been available in connection with the expanding war industries, and that the financial as well as the personnel problems which arise in connection with the writing of our small coverage tend to discourage companies generally

from entering the field or from expanding if they are already in the field. Moreover, since the experience in writing malpractice insurance in California has generally been so bad, it is difficult or impossible to interest new companies to undertake a venture which appears so dangerous and which at best promises no great return.

It appears to be uncontradictable, in the opinion of your Committee, that the distribution of our buying force and power through and among numerous agencies has proved unsatisfactory; has made it practically impossible to secure the handling of insurance, claims and defense problems constructively, in line with the essential factors set forth in the opinion expressed above.

The problem is not unsolvable, but it has gone beyond the point of generalization. The solution of the problem would appear to be the assumption of a relationship between the Association and one agency, solely and exclusively endorsed by the Association as its approved malpractice carrier, in return for compliance with certain definite specifications which your Committee has formulated as essential to the improvement of the malpractice insurance situation for the membership of this Association and for the carrier.

Now, therefore, your Committee recommends that the Los Angeles County Medical Association especially and specifically endorse . . .

(Editor's Note.—At the annual session to be held in Los Angeles on May 7-8, the Committee on Medical Defense of the California Medical Association will submit its report. The C.M.A. Committee, Dr. Nelson A. Howard, chairman, presents a preliminary statement in the current issue of C. and W. M., in the "Pre-Convention Bulletin."

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (40)

Alameda County (3)

Brothers, Ridgeway, H., *Orlando, Florida*
Schaefer, Anton H., *Berkeley*
Suraci, Rocco T., *Oakland*

Contra Costa County (3)

Brown, George D., *Richmond*
Hofmann, T. R., *Richmond*
Petrucchi, L. J., *Richmond*

Fresno County (2)

Baier, Frederic D., *Coalinga*
Betenson, Thomas E., *Redondo Beach*

Los Angeles County (23)

Boyd, Robert I., *Los Angeles*
Brauner, Edwin P., *Carlisle Barracks, Pa.*
Carnesale, Peter Louis, *Memphis, Tennessee*
Carpenter, Gurth, *Los Angeles*
Clark, Dorothy Velma, *Los Angeles*
Eidson, Paul D., *San Fernando*
Ford, Lowell D., *Long Beach*
Geise, Louise, *Alhambra*
Greenlea, Lloyd Stanton, *Montrose*
Ham, Franklin F., *Van Nuys*
Hamilton, William F., *Los Angeles*
Harwood, Robert Samuel, *Los Angeles*
Hebard, F. Malcolm, *Glendale*
Jones, Laurence, *Beverly Hills*

Marcus, Elias George, *San Fernando*
Martinson, Arthur Joseph, *Los Angeles*
Neurath, Otto, *Los Angeles*
Pollock, Joseph H., *Beverly Hills*
Rosin, Sidney, *Los Angeles*
Skahen, James Kenneth, *Los Angeles*
Tarr, Danson, *Glendale*
Walla, William, *Los Angeles*
Walley, Lillian B., *Long Beach*

Mendocino-Lake Counties (1)

Bennett, Edward C., *Ukiah*

Orange County (1)

Munford, Raymond H., *La Habra*

San Diego County (1)

Ross, Robert, *La Mesa*

San Francisco County (3)

Drew, John F., *San Francisco*
Meiklejohn, Gordon, *San Francisco*
Van Druten, Arthur A., *San Francisco*

Santa Barbara County (2)

Burkard, Adrian F., *Santa Barbara*
Knoll, William V., *Santa Barbara*

Shasta County (1)

Leibee, John Ray, *Burney*

Life Members (1)

Rowell, William Arthur, *Shasta County*

Retired Members (5)

Carlson, Albert T., *Los Angeles County*
Fehrens, Gail, *Los Angeles County*
Muhl, Anita M., *San Diego County*
Schoff, C. E., *Sacramento County*
Winterberg, Walter H., *San Francisco County*

Transfers (8)

Brown, Walter H., from Santa Clara County to San Francisco County.

Dallal, Joseph M., from San Mateo County to Alameda County.

Diddy, Gordon A., from Santa Clara County to Fresno County.

Johanson, Raymond R., from San Francisco County to Alameda County.

Johnson, Irving D., from Yuba-Sutter-Colusa County to Marin County.

Lowe, Frank A., from San Francisco County to Marin County.

Saunders, William W., from San Francisco County to Contra Costa County.

Strayhorn, L. P., from Los Angeles County to Orange County.

Resigned (2)

Adams, Walter C., *Alameda County*
Liljencrantz, Guy H., *Alameda County*

In Memoriam

Boskowitz, George Henry. Died at San Francisco, February 24, 1944, age 64. Graduate of the College of Physicians and Surgeons of San Francisco, 1899. Licensed in California in 1899. Doctor Boskowitz was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

†For roster of officers of component county medical societies, see in front advertising section. (To aid in wartime paper conservation, roster is printed on alternate months.)

Curdts, Carl Eduard. Died at Oakland, February 27, 1944, age 68. Graduate of the College of Physicians and Surgeons of San Francisco, 1900. Licensed in California in 1900. Doctor Curdts was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

Freudenthal, Leslie. Died at Gridley, March 1, 1944, age 44. Graduate of the University of California Medical School, Berkeley-San Francisco, 1926. Licensed in California in 1926. Doctor Freudenthal was a member of the Butte-Glenn County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Mackey, John Galbraith. Died at San Fernando, February 12, 1944, age 72. Graduate of the University of Southern California School of Medicine, Los Angeles, 1898. Licensed in California in 1898. Doctor Mackey was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

Malone, William Murray. Died at Los Altos, February 17, 1944, age 62. Graduate of the Cooper Medical College, San Francisco, 1912. Licensed in California in 1912. Doctor Malone was a Retired Member of the San Francisco County Medical Society, and the California Medical Association.

Potter, Gurdon. Died at Oakland, December 2, 1943, age 68. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1899. Licensed in California in 1922. Doctor Potter was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

OBITUARY

Jerome Konigsberg 1908—1944

Captain Jerome Konigsberg, M.C., died February 4, 1944, in General Hospital, 11, in Sydney, Australia; his loss is listed as one of the first war deaths of physicians from San Francisco in World War II. His assignments from the first had all been as medical field officer of artillery battalions. Over his last two years he had many times seen service in the active fighting in numerous islands of the Southwest Pacific Area. He had suffered through several tropical diseases, including dengue, and his death resulted from some unexplained tropical hepatitis contracted several months before.

Dr. Konigsberg, born in Bayonne, N. J., in 1908, was graduated from the University of Pennsylvania, and he studied in postgraduate scientific subjects another year at New York University. He then entered the University of California Medical School from which he was graduated in 1935. For three years he was interne and assistant resident on the medical service at the San Francisco City and County Hospital prior to starting private practice in Internal Medicine in 1938. He was a staff member of the University of California Medical School and of Mt. Zion Hospital. A little over two years later he was one of the earliest of the physicians of our city to enter the Medical Service of the Army.

Our San Francisco medical profession has suffered a notable deprivation in the passing of Jerome Konigsberg. In his nine short years in San Francisco he became endeared to scores of his colleagues as a scholarly, competent and earnest student of medicine, as well as a trustworthy and diligent physician. He rendered effective and unusually devoted service, rich with a wisdom and sensitivity beyond common measure, to hundreds of patients who will long remember him with kindness and gratitude. His dearest friends will also long consider themselves privileged to have had their own lives enriched by the sweet association with their Jerry, as they called him; they knew him as the combination of a quiet, kindly, devoted friend and a sensitive, inspired, healing physician in the truest sense of the words. His short-lived career was devoted to the nobility of his profession, and his life, albeit short, had already lent that profession an increased nobility.

RUSSEL F. RYPINS.

CALIFORNIA PHYSICIANS' SERVICE†

California Physicians' Service and Its Public Relations

(A series of articles: January "California and Western Medicine," on page 38; February, page 83; March, page 118.)

Last month this column took up the matter of public relations of California Physicians' Service as affected by the members of beneficiary groups and as affecting the individual members of the public. This month it is well to look for a moment into the matter of public relations as affecting the profession, particularly through the effect of the C.P.S. programs on public officials.

Hardly a day goes by but what we see in print or hear in general conversations, almost anywhere, that government medicine or socialized medicine is just around the corner. Statements of this kind are made by people in all walks of life, not just by agitators or by proponents of some form of socialized medicine. Among your own friends, even among your own colleagues, you will hear the same refrain. Possibly you don't hear it every day but over a period of time you must be aware of its repetition and recurrence.

Along with this general thinking that some form of government medicine is definitely on the way, you also hear the expression by sincere well-wishers that the medical profession must inaugurate some sort of plan of its own or else the Government will do it for the doctors. This sentiment has been expressed publicly by members of Congress, by news commentators and others who in their own right are anxious to see the best in present medical practice preserved. Mr. Ben Read, executive secretary of the Public Health League of California, brought back this same story from his recent visit to Washington, D. C. Members of Congress, even the physician members, and public officials stated the same idea time and again: If the doctors don't come forward with a plan of their own for meeting the need of more widespread and more readily available and affordable medical care, the Government will force a plan of its own on the doctors.

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.
Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

California physicians are fortunate in the consideration given them by the people who express the above sentiments. These people remark from time to time that in California, of course, there is a medical care organization sponsored and operated by the doctors themselves. They refer to California Physicians' Service. And they point the way, in these remarks, to the public relations rôle being played by and available to California Physicians' Service.

The politician, the social worker, the agitator for some form of government medicine, is seeking only one thing: The provision of more available medical care through the means of a prepayment plan within the financial reach of the great bulk, even all, of the people. Extremists in one camp or another may have more radical ideas than this, but it is safe to say that the plans advocated by the great majority of these planners are about the above, if the excess verbiage and dogma are stripped from the thinking process.

Well, in C.P.S. the medical profession has just the answer to this sort of a program. C.P.S. does offer more widespread, more readily available medical care on a prepayment plan, at rates within the reach of the average wage earner. C.P.S. does not cover all the people; it cannot qualify under such a wish, but it does offer its services to an extremely wide variety of employed groups, without geographical distinction. It makes this offer, except that there must be some strings attached to that statement at the present time. Translating these reservations into words, it may be stated that C.P.S. offers to the people of California a modern, nonprofit, extensive medical care plan at a reasonable rate, except that in some areas and in some instances, due to the lack of support from some members of the medical profession, it is unable to make this offer on an unqualified basis.

The only drawback in the program right now is the lack of support of the doctors. Ironically enough, the doctors are the ones who would suffer most under a program of compulsory government medicine.

If a wholehearted, unreserved support for C.P.S. could be gained from the medical fraternity as a whole, C.P.S. would immediately become the most potent weapon for public relations among politicians and others of any weapon that medicine now has to use. If you as an individual physician could look the politician, or the social service worker, or the union labor leader, right in the eye and say, "In California we already have that sort of service program in effect; we don't need any more stringent plan with all the defects and drawbacks it would be bound to bring with it," the other fellow wouldn't have a single comeback. And if California could do this, every other state in the Union could do likewise. If that eventuality could be realized, the agitation for compulsory sickness insurance plans would die a natural death in a matter of a few months; as it is now, this agitation is swelling from day to day, growing ever larger and more menacing.

It is not enough today to talk to politicians and people in public life along the lines of the preservation of free enterprise. Medical care has gone beyond the bounds of an economic factor in recent years and has entered into the field of the fundamental necessities of life and living. Medical care has been coupled in recent speeches and reports from Washington, D. C., with food, clothing and shelter. A nice compliment to the purveyors of medical care, this, but a dangerous political implication for the future of a free system of medical practice.

Students of the trend toward socialized or government medicine recognize that the medical profession has taken

the preliminary steps in a program to provide good medical care on a budget basis for great groups of American citizens. At the same time, these students are inclined to gloss over these pioneering attempts on the ground that the net results have been so inordinately and so pitifully small; they point to the limited number of beneficiary members of C.P.S. and other medically-sponsored plans and show that this small number of people who are well cared for are only a small percentage of the national population, and the number of people who really need some provision for medical care.

The only way to answer that attitude, of course, is to extend the scope of C.P.S., to make C.P.S. service available to more people, so that the sample will be appreciable in size and will point the way to even greater accomplishments. And the only way that C.P.S. can grow in size is to grow in the esteem of the medical fraternity as a whole. In some communities, with some potential groups of beneficiary members, it is possible today for one or two physicians, or a small group of physicians, to place such obstacles in the path of C.P.S. that the potential group of members must be dropped from consideration. A noncoöperative attitude on the part of a few doctors has already driven more than one group from the door of C.P.S. Conversely, an attitude of fairness and helpfulness has brought into the C.P.S. family a large number of beneficiary member groups.

Which is the answer to be? A medically-sponsored plan, operating on a nonprofit basis for service to the public, or a federally or state-sponsored compulsory plan, with an attendant host of bureaucrats, political hangers-on and typical bureau administration? The answer is bound to be determined by the collective attitude of the professional members of C.P.S. and of the medical profession as a whole. A forward-looking attitude is essential if the individual physician is to resolve this question properly in his own mind. The world of social and economic change and reform which has been going on around our ears in the last decade cannot be ignored; neither can we ask it to wait while we ponder our decision.

The question is posed before us. The answer is for us to determine. With its final determination we will help to decide the future of American medical practice more definitely than in any other way open to us today.

Next month this space will be devoted to a discussion of the physical aspects of C.P.S., the types of coverage offered to date, the types of employee groups given medical care under C.P.S. auspices and related matters.

Doctors of California Hailed For C.P.S. Service

Washington, March 25.—The California Physicians' Service was held up in the House of Representatives this week as a model for other parts of the country, and as a more workable plan of securing adequate care for all sections of the population than the Wagner-Murray-Dingell bill.

Rep. Outland (D., Santa Barbara) spoke on the California Physicians' Service, and his praise was warmly seconded by Representatives Rolph, Holifield, Poulson and Judd of Minnesota.*

"In my opinion," said Rep. Outland, "the doctors of California are doing a noteworthy piece of work in developing a comprehensive program of medical care which is saving the American public millions of dollars in experimental costs."

Representative Judd, himself a physician, added:

"I am convinced that this is like a pilot plant in a new industry."

* Congressman Outland's speech appears in this issue. See page 209. For "five-years survey," see page 191.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Meetings will convene in Los Angeles. Dates of the seventy-third annual session, to be held in 1944, Sunday, Monday, May 7-8.

American Medical Association. Sessions will be held in Chicago (not St. Louis) on June 12-16, 1944. (See *The Journal of the American Medical Association*, November 6, 1943, page 644.)

The Platform of the American Medical Association

The American Medical Association advocates:

1. The establishment of an agency of Federal Government under which shall be coordinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.

2. The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.

3. The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.

4. The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.

5. The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.

6. In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.

7. The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.

8. Expansion of public health and medical services consistent with the American system of democracy.

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays.

KFAC presents the Saturday program at 10:15 a. m., under the title "Your Doctor and You."

In April, KFAC will present these broadcasts on the dates of April 1, 8, 15, 22, and 29.

The Saturday broadcasts of KFI are given at 9:45 a. m., under the title "The Road of Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association, in cooperation with the National Broadcasting Company and the Medical Department of the United States Army and the United States Navy, are on the air each Saturday at 2 p. m., Pacific War Time. Series commenced on January 8, 1944. Will run for twenty-six weeks.

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

Pharmacological Items of Potential Interest to Clinicians*

1. **Streamlined Medical Journals:** Here's to R. C. Ransdell's snappy *U. S. Naval Medical Bulletin*, in the February issue of which E. Holman's "Working Rules in the Field" ring the bell for helpful medical advice (42:275). Helpful also is G. W. Calver's bibliography on shock (*Ibid.*, pp. 365-380). Always business-like with no space wasted is *Physiological Reviews*: January issue contains E. E. Osgood's "Cellular Composition of Bone-Marrow" (24:46); W. W. Swingle's "Rôle of the Adrenal Cortex" (p. 89); E. W. McHenry's "Lipotropic Factors" (referring to choline, lipocaine and inositol, (p. 128), and L. H. Newburgh and J. W. Conn's discussion of "Obesity" (p. 18). Even *The Scientific Monthly* has been snapped up!

2. **Antibiotics:** E. McCawley says E. J. Poth and C. A. Ross's phthalylsulfathiazole (*Texas Rep. Biol. Med.*, 1:345, 1943) marks the end of an era: now for antibiotics! Pioneering S. A. Waksman & Co. describe "Streptomycin" from *Streptomyces* as effective vs. Gram positive and negative bacteria (*Proc. Soc. Exp. Biol. Med.*, 55:66, 1944). P. Gyorgy and P. C. Elmes (*Ibid.*, p. 76) find nondeliquescent calcium salt of penicillin no more toxic for man than Na-salt, contrary to Florey's advice (*Lancet*, 1:387, 1943). N. Atkinson and N. Stanley find that SH compds. such as thioglycolates, glutathione and cysteine specifically suppress "penicidin" either by reduction or enzyme competition (*Australia J. Exp. Biol. Med.*, 21:249, Dec., 1943). J. W. Foster and H. B. Woodruff show that dissociated streptothricin loses activity (*Arch. Biochem.*, 3:241, Dec., 1943). Patulin, from *Penicillium patulin* (H. Raistrick, *Lancet*, 245:633, 1943), found identical with S. Waksman's "clavacin" from *Aspergillus clavatus* (I. Hooper, *Science*, 99:16, 1944), is now reported identical with "claviformin" from *Penicillium claviforme* (E. Chain & Co., *Lancet*, 246:112, January 22, 1944). How about penicillin? When do we get over the hush-hush and argument about its composition?

3. **Chemotherapy:** O-O! P. C. Sen Gupta notes neuropathic sequelae after diamidinostilbene therapy in kala-azar (*Ind. Med. Gaz.*, 78:537, November, 1943). J. V. Scudi and V. C. Jelenek report urinary excretion of atabrine complex, with some atabrine appearing unchanged (*J. Biol. Chem.*, 152:27, 1944). H. G. Barbour & Co., show B-tetrahydronaphthylamine aids in recovery in hypothermia and hydration from chilling (*Yale J. Biol. Med.*, 16:231, 1944). R. L. Cahen & Co. report morphine not specific in depressing cortical electrical activity, but that morphine reduces tissue permeability (*Ibid.*, p. 239, 257). Trust the English to beat the silly censor: H. E. Holling & Co. discuss prevention of sea sickness by drugs, finding hyoscine in doses around 1 mgm. most useful (*Lancet*, 246:127, January 22, 1944). Maybe R. T. Fick' & Co.'s report will quiet the too long foolishness of ethylene disulfonate in a dilution of 1:10-15 for asthma! (*J. Allergy*, 15:14, 1944).

4. *Etc.* E. Gutmann and J. Z. Young make important study on re-inervation of muscle after various periods of atrophy (*J. Anat.*, 78:15, 1944). W. P. Chapman and

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

C. M. Jones begin careful study on variations in pain-perceptions and pain-reactions in average humans (*J. Clin. Invest.*, 23:81, 1944). T. S. Danowski suggests use of thiourea as a measure of change in body water (*J. Biol. Chem.*, 152:207, 1944). G. H. Bourne shows ascorbic acid necessary for usual phosphatase activity and bone deposition (*J. Physiol.*, 102:319, Dec. 31, 1943). M. Vogt in studying cortical hormone output finds rapid inactivation (*Ibid.*, p. 356). P. E. Steiner & Co. report a toxic factor in tissues of cases of nonspecific ulcerative colitis (*Proc. Soc. Exp. Biol. Med.*, 55:8, 1944). G. Decherd, A. Ruskin and G. Herrmann describe momentary atrial electrical axes in paroxysmal tachycardia (*Ibid.*, p. 17). A. J. Salle and H. L. Guest find increased efficiency of phenolic germicides on adding ferrous and ferric salts to produce redox systems (*Ibid.*, p. 26). M. G. Goldner and G. Gomori say that alloxan causes diabetes by direct injury to beta cells (*Ibid.*, p. 73). W. Modell and S. Krop find that in terms of effective mercury, nonionizable organic mercurials are not less toxic than mercury bichloride (*Ibid.*, p. 80). And H. S. Burr discusses the effect of the moon on tree growth (*Yale J. Biol. Med.*, 16:249, 1944).

Popular Medical Lectures by Stanford University School of Medicine.—The Stanford University School of Medicine announces the sixty-second course of Popular Medical Lectures (illustrated). Lectures will be given at Lane Hall, North Side of Sacramento Street, near Webster, on Friday evenings: March 17; March 31; April 14; and April 28, 1944; eight o'clock sharp. All interested are cordially invited to attend.

Program follows: Friday evening, March 17, 1944, "Treatment of Infantile Paralysis," William H. Northway, M.D.

Friday evening, March 31, 1944, "Caudal Anesthesia in Obstetrics," Albert V. Pettit, M.D.

Friday evening, April 14, 1944, "Nutrition: One Factor in the Health Program," Nina Simmonds, Sc.D.

Friday evening, April 28, 1944, "Psychological Types and Marriage," Horace Gray, M.D.

Maternity Pediatric (E.M.I.C.) Care Given 11,571 Californians.—A total of 11,571 maternity and pediatric cases have been cared for in California under the Emergency Maternity and Infant Care Program, the Children's Bureau announced recently.

Only New York and Illinois have had more cases than California.

The total extends through the month of January. More than 2200 cases were reported in both December and January.

The Size of "California and Western Medicine" Reduced: Governmental Directive.—Commencing on January 1, 1944, it has been necessary to reduce the number of pages in CALIFORNIA AND WESTERN MEDICINE by 10 per cent. The governmental directive applies to all publications, and has been issued in order to conserve paper. The saving has been accomplished by reduction in number of pages in both the text and the advertising divisions. Hereafter some of the rosters which have appeared in every issue of CALIFORNIA AND WESTERN MEDICINE will have place only on alternate months.

Penicillin Plant For Berkeley.—A \$600,000 plant for producing penicillin, the new "miracle drug," will be in operation by November 1, in Berkeley, it was recently announced by Charles Twining, vice-president of the Cutter Laboratories.

Sixty scientists will be on the staff, Twining said, once the plant is in operation.

The building, first penicillin producing plant on the

coast, will be constructed adjoining the company's Berkeley laboratories at Fourth and Parker Streets as the result of a contract granted by the Defense Plant Corporation, a subsidiary of the Reconstruction Finance Corporation. Ground already has been broken for the plant, which will be 220 by 60 feet.

American Public Health Association.—The Executive Board of the American Public Health Association announces the Second Wartime Public Health Conference and the 73rd Annual Business Meeting in New York City, October 3, 4, and 5, 1944. Meetings of related organizations will take place on Monday, October 2. Headquarters will be the Hotel Pennsylvania. The scientific program will be devoted to wartime emergency matters as they affect public health. The Chairman of the Local Committee in Charge of Arrangements is New York City's Health Commissioner, Ernest L. Stebbins.

CALIFORNIA PHYSICIANS' SERVICE*

(Continued from Page 211)

It will be noticed that I have not mentioned the Wagner-Murray-Dingell bill. I have purposely refrained from going into that piece of legislation at this time. I have no doubt that after hearings have been held there will be ample opportunity for discussion in both Houses. In the meantime, I have tried to bring out some of the advantages of what to me is one of the longest steps forward in the direction of achieving what we all desire—better medical care for the American people.

It so happens that I was a member of the California Physicians' Service for a considerable period of time. I have had intimate knowledge of its operations and have seen what it has accomplished for many of its beneficiary members. On the basis of my knowledge of this organization and with confidence in the integrity and leadership of the medical profession of this country, I believe that the doctors of this land should lead the way in providing prepaid medical care for our citizens. (Ed. Notes. See also pp. 191 and 227.)

Home Office Building, Washington, D. C.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.

San Francisco

Autopsy Permits

It is generally the law that where an autopsy is performed without the consent of those who have the right to control the disposition of the corpse, the person performing the autopsy or the one responsible for its performance is liable in damages. There are a great number of cases where this liability has been enforced. In *Woods v. Graham*, 140 Minn. 16, it was held in an action to recover damages for an autopsy performed on the body of a corpse, without first obtaining consent of the next of kin, that it was no defense that the defendant, as attending physician, was

* For press association dispatch from Washington on Congressman Outland's speech, see on page 230.

† Editor's Note.—The department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

unable to ascertain the cause of death and performed the autopsy for that person so as to be able to give a certificate, as required by law, stating the cause of death. It has also been held that one having the right to refuse to permit an autopsy to be held, has the right to place any limitations or restrictions on giving consent thereto and that one who violates such stipulations renders himself liable in damages. (*Hill v. the Travelers Insurance Co.*, 154 Tenn. 295.)

In addition to the civil liability for damages, in California there is a possible criminal liability for performance of an unauthorized autopsy. *Health and Safety Code*, Sec. 7052, provides that any person who mutilates any human remains without authority of law is guilty of felony.

Because of the civil liability and possible criminal liability no physician should perform an autopsy unless it is required by law or authorized by a person entitled to control the disposition of the remains of the deceased person. The county coroner is authorized to perform an autopsy in cases where death is suspected to have been caused by criminal means and an autopsy is necessary to complete his investigation. There are also certain instances where the Industrial Accident Commission in Workmen's Compensation cases may require an autopsy to determine the cause of death.

With the exception of the special cases when it is required by law, an autopsy should not be performed without first obtaining the consent, after the death, of the persons entitled to control the disposition of the corpse. The statute governing the right to control the disposition of the body in California is *Health and Safety Code*, Sec. 7100. This section provides that the right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in the following in the order named:

- "(a) The surviving spouse;
- "(b) The surviving child or children of the decedent;
- "(c) The surviving parent or parents of the decedent;
- "(d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent." (Next of kin.)

Strict conformance to the requirements of the conditions of this section should be adhered to at all times.

Inquiries have been received as to the legality of an autopsy permit, signed by the next of kin prior to the death. The decedent, himself, is the only person vested with the right under the above quoted section to authorize an autopsy, prior to death. Although it is unlikely that the technical objection would be raised that a permit signed by a person otherwise legally entitled to give such permit was signed before the death, the only safe procedure is to require a permit signed after death by the person entitled under the above section unless the decedent himself has expressly authorized the autopsy.

LETTERS†

Concerning County Society's Rights on Membership:

(COPY)

February 21, 1944.

Frederic Wallace Borden, M.D.,
Secretary, Santa Clara County
Medical Society,
San Jose 23, California.

Dear Doctor Borden:

I duly received your letter of February 15, 1944.

In my opinion, you should return the application of Dr. _____ for membership together with his check, advising him that his application for membership in the Society cannot be considered because he does not satisfy the requirements for membership in that he is not a citizen of the United States. The letter should be signed "Santa Clara County Medical Society" by you as secretary.

A county society is the sole judge of the qualifications of its members. A physician has no vested right to be admitted to membership. If an applicant does not satisfy the requirements for membership as established by the duly adopted by-laws of the society, the society is within its legal rights in refusing him membership therein.

Very truly yours,

HARTLEY F. PEART.

Concerning "San Joaquin Valley Fever"—Name is Protested:

(COPY)

VISALIA CHAMBER OF COMMERCE

Visalia, California, March 3, 1944.

California Medical Association,
San Francisco, California.

Gentlemen:

The matter of the use of the term "San Joaquin" in describing Coccidioidomycosis, commonly known as San Joaquin Valley Fever, was brought before the members of the San Joaquin Valley Association of Commercial Organization Secretaries at a recent meeting.

It was the judgment of this Association that the words "San Joaquin" should be dropped from the common terminology, since this type of fever is found in areas other than the San Joaquin Valley, and since the use of this designation gives unfavorable publicity to the San Joaquin Valley.

I am instructed to bring this matter to the attention of medical associations and to request that everything possible be done to prevent the use of the words "San Joaquin" in connection with the descriptive name of this disease.

Very truly yours,

HAZEL DUTTON, Secretary.

Alphonse Laveran (1845-1922).—An example of important work accomplished in medico-military services is that of Alphonse Laveran, who discovered the parasite of malaria while serving as a French army surgeon. This discovery was of far-reaching importance, making possible the brilliant efforts in the control and prevention of this disease by Gorgas, Golgi, Grassi, and others. Laveran published no less than four separate treatises on paludism. In 1907 the Nobel Prize was awarded him.—Warner's *Calendar of Medical History*.

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

TWENTY-FIVE YEARS AGO† BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVII, No. 4, April, 1919

EXCERPTS FROM EDITORIAL NOTES

Splendid Program.—The annual meeting this year promises to surpass all its predecessors in the variety and profitable character of the convention program. The only regret that comes as one glances over the subject titles and names of the able authors of attractive scientific papers is that one must miss some of them, as we cannot divide ourselves and be in several places at the same time.

There is one unique feature of the program, however, that all may attend. The League for the Conservation of Public Health has arranged a luncheon at the Potter Hotel for Wednesday, April 16th, to which all the Convention delegates are most cordially invited. . . .

When Doctors Disagree.—The Doctor is always expected to win in the never-ending conflict with disease. When judges or theologians disagree no one seems greatly disturbed or surprised. Statesmen may change rapidly and radically upon fundamental policies and still be hailed with enthusiastic applause. But when Doctors disagree the equanimity of some of the people is immediately agitated.

It is natural for Doctors to disagree for our profession as a whole demands incontrovertible evidence before it will accept any new doctrine. The medical profession does not proceed on assumptions or fanciful theories or baseless fabrics of dreams. The difference between Doctors who differ on some unsolved problems and their captious critics who agree on preposterous theories is the difference we always find between fact and fiction. A fairy story is more pleasing to a childish mind than a recital of facts.

The candid confession of the medical profession that science had not yet discovered any standard uniform methods either for the cure or prevention of influenza is a splendid assurance to thinking people that when the Doctors are agreed upon a method or measure it is because it has stood every acid test of science and practical experience. . . .

Payment of State Tax.—In 1918 an act passed the Legislature assessing an annual tax of two dollars against each registered physician in California. In case of non-payment by March 1, the license of the offender would be subject to revocation and he could only be reinstated by paying a fee of ten dollars. This tax money is to be employed in the prosecution of illegal practitioners and similar work necessary to protect licensed physicians. On the whole, the tax is a good thing and provides an urgently needed fund for very necessary work. . . .

The Business of Medicine.—Medicine is an art. It has become a science. It is and will increasingly be a business. The physician must live and support his share of social and economic order. In return for his income he has a very definite commodity to offer, a very definite contribution to make to society. This commodity is his scientific

(Continued in Back Advertising Section, on Page 30)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

By F. N. SCATENA, M.D.
Secretary-Treasurer

Board Proceedings

An oral examination was held at the Board office, 907 State Building, Los Angeles, March 16, 1944.

The next written examination will be held at Native Sons Hall, San Francisco, June 27 to 29, inc., 1944. In addition to the regularly scheduled written examinations others have been held at frequent intervals to assist in securing licensed physicians and surgeons because of the war emergency.

News

"The age limit was raised today from 50 to 55 for doctors qualified to serve as specialist medical officers in the Navy, as a measure to release younger doctors for service at sea, the Office of Naval Officer Procurement announced. Qualified doctors were urged to apply at that office, 703 Market St." (San Francisco News, March 4, 1944.)

"What would Wasco do without doctors? These faithful medical folk who put long hours in their offices seeing the sick or ailing and listening to many a tale of woe. . . . Hospital visits, long rides to far distant patients, and phone calls by the score. These are but a part of the long tedious task of these professional leaders. When the Scroll of Honor of our town is inscribed surely the doctors deserve a place at the head of the list. All honor to friend doctor!" (Wasco News, February 18, 1944.)

"Dr. William J. Ross, physician, 1300 Venice Blvd., yesterday was ordered held to answer in Superior Court on a charge of murder and criminal surgery following a preliminary hearing before Municipal Judge Joseph F. Chambers. Dr. Ross is alleged to have performed an illegal operation which resulted in the death of Mrs. Isabell Jenkins, 25, of 1883 W. 20th St., Feb. 12. The physician denies the charge." (Los Angeles Times, February 26, 1944.)

"Arrested on a charge of practicing medicine without a license, Mrs. Nolia Sanders, 48 years old, 2406 Foot-hill Blvd., pleaded guilty in San Bernardino township court yesterday and paid a fine of \$300. Mrs. Sanders was sentenced by Justice Russell A. Wickizer and was taken into custody on a complaint signed by S. W. Brooks, agent of the state medical board. . . . Mrs. Sanders was charged with violation of the state business and professional code, a misdemeanor." (San Bernardino Sun, January 23, 1944.)

"Dr. Charles E. Boudwin, 62, and Mrs. Ella Berry, 40, who gave her occupation as a nurse, were held today after being arrested late yesterday by Oakland inspectors

(Continued in Back Advertising Section, on Page 40)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.

